



[Hormone therapy for prostate cancer; and COVID-19](#)

The correct name for the virus is SARS-coronavirus-2 and the disease it causes is Coronavirus Disease 2019 (COVID-19). SARS means Severe Acute Respiratory Syndrome. Throughout the document this new (novel) disease will be referred to as [COVID-19](#).

This document is intended to provide general information and is not intended to replace medical advice. Prostate Scotland **cannot give individual advice or recommend which treatments might be suitable for an individual or recommend individual medical care or health professionals** – patients should always check with their urologist, oncologist, CNS or GP regarding treatments. As the following is general information, guidance and procedures for each health board may be slightly different. If you have been given specific advice from your urologist, oncologist, CNS or GP then you should always follow their advice.

We have compiled this information on [COVID-19](#) and [Hormone therapy for prostate cancer](#) to the best of our knowledge and understanding at the present time. As the situation is constantly changing, almost on a daily basis, and as more knowledge and information become available, this information and guidance may change. We will try to keep you as up to date as possible.

Routine operations have been cancelled, but **some** cancer surgery is continuing. However, there are differences between health boards depending on availability of resources. The situation is constantly changing, and it is best to contact your urologist, oncologist or CNS who can advise on what is happening in your area

Your cancer treatment plan is individual to you. In all cases, it is important to think about the risks and benefits. Some cancer treatments make it more difficult to fight infection so there is a potential increased risk of infection with [COVID-19](#).

Some men with [prostate cancer](#), due to age ie those over 70 and those with additional conditions such as diabetes, heart disease maybe more at risk of severe symptoms if they catch [COVID-19](#).

Your urologist may want to [review](#) your treatment plan with you to ensure it still best suits your needs and discuss any changes that may be appropriate. This will only ever be done to reduce overall risk and harm.

Your urologist and GP will try to minimise the amount of time you spend in hospital departments and at the [GP practice](#); for example, arranging telephone consultations and offering blood tests at a different NHS site. Make sure everyone involved in your care and treatment has your up-to-date contact details.

Certain treatments for cancer can affect how well the immune system works. In particular, this may be the case for those men having [chemotherapy](#) treatments for their [prostate cancer](#). Their immune system may be affected and not work so well during their treatment and for a number of weeks or months afterwards. Those having treatment(s) over a number of months may be at a greater risk of developing more severe complications if they contract [COVID-19](#) (or indeed colds, 'flu or tummy bugs) during their treatment.

Some people with specific cancers are on the 'very vulnerable list' (those who are shielding) should receive a letter from NHS Scotland outlining more specific advice to keep themselves safe. <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-shielding>

Who can I contact?

Potentially your best point of contact for information in your particular circumstances will be your Clinical Nurse Specialist (CNS). As you will understand, NHS staff are under a great deal of pressure at the moment and you may not get through to speak to the CNS straight away. You may be asked to leave your name and telephone number so a member of staff can call you back or they may advise on an email address that you can reach the person on.

If you attend your [GP practice](#) for follow-up appointments, treatments and injections for your [prostate cancer](#), then the GP or Practice Nurse may be the best person to contact. Again, you may be asked to leave your name and telephone number so a member of staff can call you back.

If your urologist, oncologist, CNS, GP or someone from the NHS is trying to get in touch with you, this may show on your phone as 'number withheld'. It may be best to answer 'number withheld' calls in this current situation, especially if you have left your name and number for a call back. They will let you know straight away who is calling.

You may receive a text from NHSNoReply. These are usually texts to give you information and don't allow you to get back in touch.

Another very helpful source of information is this leaflet produced by the Scottish Government: <https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2020/03/coronavirus-covid-19-tailored-advice-for-those-who-live-with-specific-medical-conditions/documents/cancer/cancer/govscot%3Adocument/Cancer%2BPatient%2BInfo%2Bguidance%2B-%2B090420.pdf>

What is the policy about treatment currently?

NHS Scotland and the Scottish Government have stated that the NHS will continue to provide vital cancer treatments, and emergency and urgent care for all patients. If it becomes necessary, it will **prioritise** some patients for treatment based on need.

If you are being treated with [Hormone Therapy](#), individual [decisions](#) based on the benefits and risks of treatment may have to be made with you as the rate of [COVID-19](#) infection in the community rises. Different therapy options involving fewer visits to hospital may be offered to you.

Shielding – what is it, why is it essential and the recent change to this guidance

Please note. You can see the latest Scottish Government guidance on '[shielding](#)' You can also download the 2 page PDF route map on shielding.

On the 23rd July 2020, the Scottish Government announced that [shielding](#) is to be paused from **1.8.20**. You should receive a letter or SMS text message confirming the latest changes announced and that shielding is to be paused.

Some additional changes have now been announced to the original guidance on [shielding](#)

[As from 24.7.20](#) a number of changes were announced to the guidance on [shielding](#).

This includes being able to meet with up to **8** people from **2** other households each day **indoors**, being able to meet **outdoors** with up to **15** people from **4** other households, travel in a car with someone you don't live with, use public transport, go to pubs and restaurants staying in the outdoor areas, go to shops and indoor markets, go to the barbers or hairdresser and visit indoor attractions and if you live alone you can form an extended household with one other household. You should wear a face covering if you can't physically distance and face coverings are compulsory on public transport and in shops.

Continue to wash your hands with soap and water regularly especially when you get home if you've been out and about.

You can see more details in our 'Info Guidance' page on shielding [here](#).

You can also watch a video about shielding [here](#).

Further guidance about going out and about has been produced by the government:

1. A guide to help you understand what activities are safer than others can be found [here](#)
2. A tool to help you protect yourself during daily activities can be found [here](#)

A [workplace risk assessment tool](#) to help people consider their individual risk when returning to work is also available.

If you have not already registered with the SMS text service, then it may be worth considering doing so. A COVID-19 forecasting service for shielding is being developed and people who have been [shielding](#) will be informed through the SMS text service about the risk of being exposed to COVID-19 in their local area.

In the future, the Government is looking at other ways that shielding might change. As the situation changes and as more knowledge and information become available, guidance on shielding will change. We will try to keep you as up to date as possible with these changes.

For those people who are at very high risk of severe illness additional protection measures are advised which involves minimising all interaction between them and others (called shielding).

Those who are extremely vulnerable should:

- not leave their homes (please see guidance above as this has been updated)
- minimise all non-essential contact with other members of their household

For more information on shielding go to <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-shielding>

People who fall into this category will be contacted by the NHS by letter or email. Some people may find that they receive more than one letter if they have multiple 'shielding' conditions. 'Shielding' applies to men who are being treated by [chemotherapy](#) for their [prostate cancer](#).

If you discover that you are not on the "very vulnerable" list and don't receive a letter, but think you should be, you should contact your GP, or you can register via the NHS111 website to receive a letter. Having this letter might be helpful in terms of getting priority for home deliveries etc.

Thank you to our NHS

We would like to take this opportunity to sincerely thank **all** NHS staff throughout Scotland who are doing a wonderful job in extremely challenging, difficult and unprecedented circumstances who have been working tirelessly to support all patients.

Although the weekly Thursday night 'Clap for our Carers' has come to an end, join the nation on **Thursday 25th March 2021 at 8pm** to celebrate our carers in the '[Clap for our Carers Day](#)' – a date to put in your diary now.

Hormone therapy for prostate cancer; and COVID-19

If you are being treated with [hormone therapy](#), individual [decisions](#) based on the benefits and risks of treatment may have to be made with you as the rate of [COVID-19](#) infection in the community rises.

Hormone therapy

Hormone therapies such as:

- LHRH agonists - Prostag®, Decapeptyl®, Zoladex®
- GnRH antagonists - Firmagon®
- Anti-androgen – Casodex®, Chimax®, Cyprostat®

LHRH and GnRH medications stop the testes making testosterone and are given by monthly, 3 monthly or 6 monthly injection. Depending on the medication, injection sites may be beneath the skin in the tummy or in the muscle in the buttock. These are usually given at the [GP practice](#) or occasionally hospital.

Your oncologist may get in touch to discuss your schedule of injections. For instance, and if it is suitable in your individual circumstances, changing your current treatment so that the time between hormone injections is longer so it isn't necessary to attend the GP practice/hospital as often cutting down on your chances of being exposed to the risk of [COVID-19](#).

Your [GP practice](#) may have special measures in place to reduce this risk.

Anti-androgens work in a different way as these block the cancer cells' ability to use testosterone. Anti-androgens are taken as a tablet(s) during the day. For more guidance on obtaining repeat prescriptions, please see information in the prescription section.

It's thought that that these treatments don't affect the immune system and don't put a man at any higher risk from normal viral infections (such as colds or 'flu) nor is it likely that men on these treatments will have more severe symptoms should they catch [COVID-19](#).

In all circumstances you should follow the guidance given by the Scottish Government <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-general-advice>

Abiraterone (Zytiga®) and Enzalutamide (Xtandi ®)

Abiraterone and Enzalutamide are usually/mainly given when traditional hormone therapies alone (such as those outlined above) are not working anymore. These are prescribed and your treatment monitored by your oncologist. This will include having blood taken at your [GP practice](#) before your appointment with the oncologist. Someone from the oncology team may get in touch to discuss your next hospital appointment, any changes to your treatment plan and what to do about having the blood test at your [GP practice](#).

Abiraterone (please follow link to the booklet 'Treatments for advanced prostate cancer: Hormone therapy for advanced prostate cancer explained,' pages 17-21)

Abiraterone is taken as a tablet and works by reducing the production of testosterone by the body.

If you require a repeat prescription of Abiraterone (pages 17-21) you may have to get in touch with the oncologist to find out what to do. You may find at the moment your prescription will cover a slightly longer period than is usual (perhaps up to a 6-month supply), so you don't need to make additional trips to

collect prescriptions. You may also need to arrange for collection or delivery of hospital specialist medication that is prescribed to you by your hospital care team.

When taking [Abiraterone](#) (pages 17-21) you need to have regular blood tests for the first 3 months to check that your liver is working properly. Once you are established on [Abiraterone](#) (pages 17-21) then you will have blood tests every 8 weeks. Your GP or oncologist will be able to guide you on what will happen now and on appointments at the [GP practice](#) to have the blood test.

There is no evidence that [Abiraterone](#) (pages 17-21) puts a [prostate cancer](#) patient at higher risk of viral infections like flu or the common cold nor is it likely that men on these treatments will have more severe symptoms should they catch [COVID-19](#).

[Steroids](#) (page 20)

Steroid tablets/capsules called [prednisolone or prednisone](#) are usually prescribed alongside [Abiraterone](#) (pages 17-21). This is to lower your chances of getting high blood pressure, having too much water in your body (fluid retention), or having reduced levels of a chemical known as potassium in your blood.

As [steroids](#) (page 20) can affect the immune system this **may** put you at more risk of catching infections. Usually a low dose of [prednisolone or prednisone](#) is prescribed when you are taking [Abiraterone](#) (pages 17-21) so it shouldn't have too much effect on your body's ability to fight infection. But please ask your oncologist, CNS or GP for more advice about prednisolone and [COVID-19](#) in your particular circumstances.

Alternatively, you may be taking low dose [dexamethasone](#) alongside GnRH analogues.

[Enzalutamide](#) (pages 17-21)

[Enzalutamide](#) (pages 17-21) is taken as capsules and works by blocking the action of testosterone. If you require a repeat prescription you may have to get in touch with the oncologist to find out what to do. You may find at the moment your prescription will cover a slightly longer period than is usual (perhaps up to a 6-month supply), so you don't need to make additional trips to collect prescriptions. You may also need to arrange for collection or delivery of hospital specialist medication that is prescribed to you by your hospital care team.

Although it is uncommon, [Enzalutamide](#) (pages 17-21) might affect your white blood cell count (white blood cells are the cells of the immune system that are involved in protecting the body against disease or infections) so this might put you at more risk from infections, including [COVID-19](#) at the moment. Please refer to the government advice on social distancing and if this applies in your circumstances, self-isolation. Once you are established on [Enzalutamide](#) (pages 17-21) then you will have blood tests every 8 weeks.

The NHS want to avoid any additional risks so your oncologist might get in touch to discuss your treatment with you. If you are concerned about the risk of Enzalutamide (pages 17-21) and infections please ask your oncologist, CNS or GP for more information.

Who should I contact if I become unwell or develop side effects while on treatment for cancer?

If you have chest pain, significant bleeding or you need immediate medical attention call 999.

If you have a temperature or shivering or flu-like symptoms while you are on treatment for cancer, or for any side-effects of drug treatment, call your local cancer treatment helpline, or the national Cancer Treatment Helpline on 0800 917 7711.

They will ask a series of questions and will give advice or arrange for you to have a medical review at your nearest hospital.

For more information and support

Organisation	Website/email
Prostate Scotland	www.prostatescotland.org.uk
For information on support groups please see	www.prostatescotland.org.uk/help-and-support-for-you/support-groups
NHS Inform	www.nhsinform.scot/
24-hour national cancer treatment helpline	0800 917 7711
Scottish government	www.gov.scot/coronavirus-covid-19/ https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2020/03/coronavirus-covid-19-tailored-advice-for-those-who-live-with-specific-medical-conditions/documents/cancer/cancer/govscot%3Adocument/Cancer%2BPatient%2BInfo%2Bguidance%2B-%2B090420.pdf
NHS 24	www.nhs24.com or telephone number is 111
British Association of Urological surgeons (BAUS)	www.baus.org.uk/patients/covid19_patient_information.aspx
Cancer Support Scotland	www.cancersupportscotland.org/

Macmillan cancer support Support nurses	www.macmillan.org.uk
Cancer research UK Cancer information nurses	www.cancerresearchuk.org
The Beatson Cancer Treatment Helpline	For Beatson patients only 0141 301 7990
Maggie's Centres	www.maggies.org enquiries@maggies.org
Prostate Cancer UK	www.prostatecanceruk.org www.prostatecancer.org/coronavirus https://prostatecanceruk.org/get-support/our-specialist-nurses
For mental health help and information	
Mind	www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/
Mental Health UK	https://mentalhealth-uk.org/help-and-information/covid-19-and-your-mental-health/
Breathing Space	Phone 0800 83 85 87 (6pm to 2am, weekdays and 24 hours at the weekend)
SAMH	https://www.samh.org.uk/ SAMH (Scotland's mental health)
Samaritans Scotland	https://www.samaritans.org/scotland/samaritans-in-scotland/
For general information and help with money worries CAB Citizens Advice Bureau	www.citizensadvice.org.uk/scotland/

New national service

A new national helpline has been set up (as from 15.4.20) to provide vital help to those people who don't have a network of support (such friends, family, neighbours) but who are at high risk of contracting [COVID-19](#).

The helpline number is 0800 111 4000. The helpline is currently available from 9.00am to 5pm but there are plans to increase the number of hours the helpline will be available each day.

The service will offer help to those who do not have family/friends/other support, those who cannot get online, those who are over 70, those who are disabled, those who require the support of mental health services, or receive a 'flu jab for health reasons. This service is in addition to the support already available for people who have received letters advising them to [shield](#) themselves.

People who call this helpline (0800 111 4000) will be put through to their local authority who will help them get the service they need, such as:

- essential food and medication
- links to local social work services for vulnerable children or adults
- emotional support
- contact with local volunteer groups.

About this information

The information contained in this leaflet has been developed by Prostate Scotland and reviewed by members of our advisory group, [PAGES](#).

Date: 13.8.20 © Prostate Scotland