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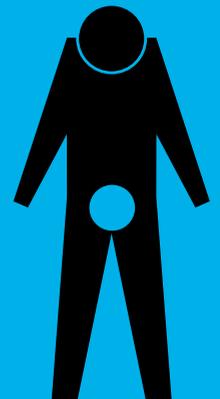
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Treatments for advanced prostate cancer:

Chemotherapy for advanced prostate cancer explained



Introduction

Being told by the doctor or clinical nurse specialist (CNS) that you have advanced prostate cancer can come as a shock and are words that you and your family didn't want to hear. Although this news may be very upsetting, and it may be some time before you take it all in, there are a range of treatments that your oncologist (cancer specialist) may offer; for instance there are different types of hormone therapy, radiotherapy and chemotherapy to help you live as full and active a life as possible with advanced prostate cancer.

If there is a prostate cancer support group in your local area, you may want to consider going along as you will most likely meet others who are enjoying life with advanced prostate cancer. This lets you know that you and your family are not alone and gives you a sense of what is possible.

This booklet is to help you, your spouse or partner and your family understand more about treating your prostate cancer with chemotherapy; it explains - what it is, the different types of chemotherapy, how it might be prescribed and some of the potential side-effects associated with it.

What is advanced prostate cancer?

When the cancer is no longer contained inside and has spread outside the prostate gland, it is called advanced prostate cancer. You may also hear this called secondary cancer (secondaries) or metastatic prostate cancer.

Cancer cells can break away from the original tumour and spread to other areas in your body through the bloodstream or lymph channels. On reaching a new site or sites, the cancer cells may then start to grow causing another tumour or tumours.

The most common places for prostate cancer to spread to are your bones, lymph nodes or glands, areas close to the prostate, such as the urethra (water pipe that takes urine from the bladder). Sometimes the cancer can affect the tubes leading from the kidneys to the bladder, as well as the back passage (rectum). Secondaries may also appear in the lungs and liver.

Even if the cancer has spread to other areas in your body, it's still prostate cancer. For example, prostate cancer that has spread to a bone in your hip still has the same prostate cancer cells that the original tumour in your prostate has, so it's not bone cancer.

Can advanced prostate cancer be cured?

Advanced prostate cancer means that the cancer has spread outside the prostate to other areas in the body so it's not possible to cure the cancer. There are a range of treatments that can control or manage your prostate cancer to help you live as full and active a life as possible for as long as possible.

What is the aim of treatment?

The goals in treating advanced prostate cancer are to:

- Help you feel better generally, lead as full and enjoyable and active life as possible for as long as possible;
- Relieve any symptoms that you may be having such as pain;
- Slow down the rate at which your cancer is developing or growing.

What treatments are available?

Once prostate cancer has spread away from the prostate to other parts of the body a treatment is needed that tackles the cancer cells wherever they are. The drugs used to control or manage metastatic prostate cancer are called systemic therapies because they travel throughout the body to attack the cancer cells wherever they are.

Treatments include:

- Hormone therapy (For more information please see booklet 2a)
- Chemotherapy
- Treatment for bone pain (For more information please see booklet 2c)

The way advanced prostate cancer is treated has been changing and is continuing to change. More treatments are becoming available and the way these treatments are being used is continuing to change and improve.

Different oncologists may use different drugs so your prostate cancer will be treated according to your individual needs.

Hormone therapy is still the mainstay of treatment for advanced prostate cancer. However, some men may be offered:

- Chemotherapy alongside hormone therapy. Chemotherapy may be started much earlier now than was done previously.
- Chemotherapy can also be given after hormone therapy has become less effective;
- Other drugs may be available alongside hormone therapy. Up until now, Abiraterone has only been available after hormone therapy has stopped working, (ie the cancer has become hormone resistant prostate cancer) however this may change in future. (For the most up-to-date information on this please check our website www.prostatescotland.org.uk)

Your consultant oncologist will be aiming to find a good balance between fighting your prostate cancer and keeping you feeling as well as possible throughout the course of your treatment. Because every man is different and the stage of his cancer may be different, the oncologist will suggest which of the treatments or combination of treatments will be the most effective way of treating your prostate cancer.

Your consultant has suggested that chemotherapy is the most suitable treatment for you. You might want to think about what starting chemotherapy will mean for you and your family so may want time to chat with them about starting chemotherapy.

Once the oncologist or CNS has explained the treatment to you, it's vitally important that you follow their instructions exactly. This means taking the right drug, the correct amount or dose of the drug(s), at the right time, and attending all your hospital appointments for blood tests and to have your chemotherapy.

If you are at all unsure, check with your CNS, GP or oncologist or phone the Cancer Treatment Helpline - 0800 917 7711.

You should **never** stop taking any of your treatments without first talking this over with your oncologist or CNS as some of these treatments can't be stopped straight away.

What is chemotherapy?

Chemotherapy uses certain drugs to kill cancer cells wherever they are in the body so it acts throughout the whole body and it isn't limited to particular sites or areas; this is called systemic treatment.

How does chemotherapy work?

Cancer cells in the body divide very quickly. Chemotherapy drugs travel through the bloodstream and work by targeting, and rapidly killing growing cancer cells as they divide, wherever these are in your body. Because cancer cells divide more quickly than healthy cells, chemotherapy drugs kill more cancer cells than healthy cells. This should help slow down the growth of the cancer. A benefit of this may be that you are not in as much pain and you may feel better generally.

A drawback of chemotherapy drugs is that they may also damage healthy cells in your body. Healthy cells, like hair roots, bone marrow cells, and those in your digestive system (gut) divide quite quickly too, so that they can grow and recover from everyday wear and tear. Understanding that some healthy cells are killed by chemotherapy drugs, helps explain a number of the side-effects you may have heard about, or may experience yourself.

Chemotherapy drugs may reduce the number of white and red blood cells and platelets (tiny cells that help your body form clots to stop bleeding) in your blood stream. This can put you at **increased risk** of catching an infection, or of anaemia and/or of bleeding. (Anaemia means that you have fewer red blood cells than normal). Before each treatment, your oncologist will want to check your blood. People with low blood counts are at risk of serious infections. Get in touch with your GP, oncologist or CNS if you develop flu like symptoms as this is often one of the first signs that you may be developing an infection.

Are there any tests or examinations that I might have before starting or during chemotherapy treatment?

You may find that you have some of these tests:

- Your weight and height will be taken so the oncologist can plan the amount of chemotherapy that is right for you;
- A physical examination to make sure you are fit and healthy to have chemotherapy;
- Because chemotherapy can affect your white blood cell count you will have blood tests before starting chemotherapy and these will be repeated before each cycle of treatment to make sure you have recovered enough to have chemotherapy;
- Your oncologist may decide to send you for x-rays and scans;
- As some drugs can affect your heart, it's possible you might have an ECG to record your heart beat.

The CNS or oncologist will keep you right on which tests you are likely to have and when.

How do I have chemotherapy?

(Please remember that the following information is meant as general guidance. As treatment procedures may vary slightly from hospital to hospital ask for more advice from staff at the hospital you are attending and follow their instructions.)

You will be asked to sign a consent form before starting chemotherapy. The oncologist who is caring for you will tell you more about the treatment: which drug you will be given, how often you will have it, how long for, and the possible side-effects. It's a lot to take in. If you are unsure about anything then there's no harm in asking the oncologist or CNS to explain it to you again.

(Side-effects are unwanted symptoms, reaction or often an unpleasant effect brought about by a medical treatment such as a drug).

The dose of chemotherapy drugs used varies from person to person. The oncologist will take into account things like your height and weight, stage of your cancer and how healthy you are in general and will plan your treatment, and times for your treatment very carefully.

So, it's important that you:

- Attend all your blood test and treatment dates and let staff know if you can't manage to get along to an appointment;
- Take the drugs that you have been prescribed at the right times;
- Tell the oncologist or nurse in the day unit if you have forgotten to take anything (such as your tablets) that you have been prescribed before that cycle of chemotherapy starts;
- Tell the oncologist or CNS before having chemotherapy if you have taken any other over-the-counter medicines, dietary supplements or complementary medicines;
- Look out for any potential side-effects in between treatments, and follow what the staff, at the hospital have told you about what to do and who to contact for help and advice.

You may find it helpful and useful (both for you and the oncologist/CNS) to keep a record or diary of how you feel day-to-day. This will show improvements or any concerns and help the oncologist/CNS be more aware of how you are feeling. You may find the Prostate Scotland Log Book very handy for this. If you would like a copy, please get in touch with us at info@prostatescotland.org.uk or Tel 0131 603 8663.

You will most likely have to go into the hospital clinic or day area as a day patient to have your treatment.

A usual chemotherapy session might be:

- The day before each chemotherapy treatment, your blood will be checked to make sure that your blood count is satisfactory, so you can safely have the treatment. Often this is arranged at your local GP surgery;
- A nurse putting a drip (a needle attached to a small flexible tube) into a vein and allowing the drug to gently run into your body (infusion) for about an hour;
- The staff will keep a close eye on you while you're having the infusion. It's important to let the nurse or oncologist know if you start to feel unwell or notice any changes in your body when the drip starts or during the infusion.

For how long might I have chemotherapy?

Chemotherapy is given as a course of treatments. A course is made up of cycles of treatment; this means that treatment is given on a specific day followed by a period of days when you won't have treatment, in other words, a rest time between treatments. This is to make sure that as the new cancer cells try to grow they are killed off every few weeks. It also gives your body some time to recover between cycles. If your blood count has not recovered suitably it may be that your body needs more time to recover between treatments (more of a rest period) so it may be decided to delay your treatment until a later date.

Don't worry if you find out that other men who have prostate cancer have slightly different treatments, as each plan is made to suit each man's circumstances.

Which drugs might be used?

- Docetaxel (Taxotere®)
- Cabazitaxel (Jevtana®)
- Mitoxantrone (Novantrone®) – now very rarely used

Type of treatment	Drug used	Number of cycles	Time apart or rest time	How is this given?
1 st line treatment	Docetaxel (Taxotere®)	6–10	21 days	Taxotere® is given by an *infusion directly into your vein. Your treatment will take about 2 hours.
		4-6	21 days	
After treatment with Docetaxel	Cabazitaxel (Jevtana®)	6 - 10	21 days	Jevtana® is given by an *infusion directly into your vein. Your treatment will take about 2 hours.
		For some men this will be started alongside hormone therapy. ie injections		
This is now rarely used to treat advanced prostate cancer. If this is prescribed, your oncologist will give you more information.	Mitoxantrone (Novantrone®)	6-10	21 days	Novantrone® is given as an injection into the vein (intravenous or IV).

*An infusion (drip) means that the drug is diluted in a large bag of fluid and this slowly runs through a needle into a vein, usually in the back of your hand over an hour or so.

Starting Docetaxel or Cabazitaxel

Before starting on any of these drugs you should tell the oncologist or CNS about any other medicines that you are taking including other medicines that you have on prescription, over-the-counter medicines, vitamins, herbal medicines or any other complementary therapies. It might help if you make a list of all of these to take to your appointments with you.

Will I get side-effects?

Side-effects are unwanted symptoms or reactions brought about by a medical treatment such as a drug. Sometimes, these may be unpleasant effects.

How chemotherapy affects you may be different from other men who have had or are having chemotherapy; it's something no-one can predict. Some men get a lot of side-effects while others have very few. It really depends on the type and amount of drug you get and how your body deals with this. Having side-effects or not having side-effects doesn't show whether your treatment is working or not.

How long might side-effects last for?

Side-effects of chemotherapy can last for a short time or may be longer term. Most side-effects may take a few weeks or months to settle down. But some side-effects will last longer and it can take many months or sometimes a few years for these to settle.

Rarely are side-effects permanent. Your oncologist will most likely talk side-effects through with you.

In the following pages, although a fairly full list of side-effects has been given, please remember that it is very unlikely that you will experience all of these side-effects; you may find that you have a few side-effects or perhaps you won't experience any side-effects. Always tell the CNS, oncologist or staff on the day unit if you have any of these side-effects, if you're not feeling well or if you have any other concerns or anxieties.

More about Docetaxel

You may hear your oncologist or CNS call Docetaxel, by its brand name Taxotere®.

Before starting Docetaxel, you should let your oncologist know about any allergies that you have. Very occasionally, some men will have an allergic reaction with Docetaxel. This is why after starting the infusion staff will keep a close eye on you for any signs of an allergic reaction such as developing a rash or itching, feeling warm with flushes, fever or tightness in your chest. If this does happen during or straight after the infusion, let staff in the day unit know right away.

Although these are not common, staff may also look out for any reactions where the needle goes into the vein, such as darkening or swelling of the vein and any redness or dryness of the skin.

More about the potential side-effects of Docetaxel is given from page 16 to page 27. However, if you have any unusual symptoms or you have concerns about how you are feeling you should get in touch with your CNS, oncologist, or GP or phone the number the hospital has given you as a contact.

More about Dexamethasone

To try to reduce some of the side-effects when having Docetaxel, you will most likely be given another medicine to take such as dexamethasone. This medicine is taken as a pill and your oncologist will tell you **exactly** when you should take them. If you forget to take these pills you must let your oncologist, or staff on the day unit know before they start your Docetaxel infusion.

More about Cabazitaxel

You may hear your oncologist and CNS call Cabazitaxel, by its brand name Jevtana®.

(At the time of writing, October 2017, Cabazitaxel is only available after treatment with Docetaxel. For the most up-to-date information on this please check our website www.prostatescotland.org.uk).

Before starting Cabazitaxel, you should let your oncologist know about any allergies that you have. Some men will have an allergic reaction with Cabazitaxel. This is why after starting the infusion, staff will keep a close eye on you for any signs of an allergic reaction such as developing a rash or itching, your skin becoming red, tightness in your chest, feeling dizzy or faint, difficulties with breathing or your face swelling. If this does happen during or straight after the infusion, let staff in the day unit know right away.

Although these are not common, staff may also look out for any reactions where the needle goes into the vein such as darkening or swelling of the vein and any redness or dryness of the skin.

When you are on Cabazitaxel, you should avoid having grapefruit and grapefruit juice and should not take St John's Wort.

Before your Cabazitaxel infusion you will be:

- Prescribed a corticosteroid pill, such as prednisone which must be taken twice a day, every day while you are being treated with Cabazitaxel;
- At least 30 minutes before your Cabazitaxel infusion, you will be given an infusion of a few other medicines into your vein to lower the risk of having a reaction to Cabazitaxel;
- If you start to feel sick, you may be given some medication either through a drip or by mouth to help with this.

More about the potential side-effects of Cabazitaxel is given from page 16 to page 27. However, if you have any unusual symptoms or you have concerns about how you are feeling you should get in touch with your CNS, oncologist, or GP or phone the number the hospital has given you as a contact.

Making the decision about having chemotherapy treatment

Your oncologist has decided that the best course of treatment for you is to start chemotherapy. He/she thinks that chemotherapy will possibly help you feel better generally, possibly help you live longer, help relieve any

symptoms that you may have and possibly slow down the rate at which your cancer is developing or growing.

Before starting chemotherapy, you may want to take time to think about what you feel is best for you. This might mean:

- Talking through options with the oncology team looking after you;
- Understanding what the aim of the treatment is and what the benefits will be for you;
- Talking it over with your family;
- Knowing what the side-effects of the treatment may possibly be;
- Weighing up if the potential side-effects of the treatment will affect your quality of life more than the cancer itself;
- Taking time to make your decision.

After having thought and considered what chemotherapy *might* mean for you, you can talk to the oncology team if you have any questions, concerns or worries. This might include chatting about whether you want to go ahead with chemotherapy or not. The team will talk you through what might happen if you decide to go ahead or not with treatment.

Neutropenic sepsis

One of the most serious side-effects when being treated with chemotherapy is neutropenic sepsis. When you start on chemotherapy your doctor or CNS will almost certainly give you special advice about this very important potential side-effect.

What is neutropenic sepsis?

Bone marrow normally produces different types of blood cells – red cells, white cells and platelets. The growth of all these types of blood cells will be reduced when you start chemotherapy. Neutrophils are one of the types of white blood cells and are very important in protecting the body against infection.

Neutropenic or neutropenia means that there are a low number of neutrophils in your blood.

So what does this mean?

It means that you will be more prone to catching an infection and your body won't be able to fight the infection as well as before. Catching an infection can have very serious consequences, so it is important that you know what to look out for and what you should do.

Signs you should look out for:

- High temperature of 37.5°C or above. As it is important to be able to check your temperature accurately, it is a good idea to buy a digital thermometer from a chemist;
- Shivering or sweating;
- Feeling hot or flushed;
- Feeling generally unwell;
- Having a headache, cough or sore throat;
- Seeing any of these signs especially 7 - 10 days after your chemotherapy treatment.

What should you do?

It's a good idea to make a record of the following and keep it handy, possibly letting your wife, partner or a friend know where it is. There is a separate information sheet included in the pocket at the back of the booklet that you can fill in with all these details. You can take this insert out and perhaps pin it up on the fridge or beside your phone so you can see the information.

	An idea of information that you may like to keep handy	Information
Contact numbers	<ul style="list-style-type: none"> • Your GP's name and telephone number • The hospital telephone number • Any emergency telephone contact details that your hospital has given you • Name of your oncologist and CNS and their telephone numbers 	
Cancer treatment helpline	0800 917 7711	
Beatson Cancer treatment helpline	0141 301 7990	Only for those who attend the Beatson Cancer Care Centre, Glasgow
Your details	<ul style="list-style-type: none"> • Date of birth • Hospital number (if you have this) • Which chemotherapy treatment you have • When chemotherapy started • The date of your last treatment • Other medicines that you're taking 	
Act quickly	<ul style="list-style-type: none"> • If you're not feeling well, it is a good idea to check your temperature • If you're not feeling well and your temperature is higher than normal, then contact your GP or the emergency contact number you have been given by your oncologist or CNS 	
Making the call	<ul style="list-style-type: none"> • Tell the person you (or your family) call that you are having chemotherapy treatment and the date you had the last treatment 	

What about treatment?

If you think you have neutropenic sepsis, it is vital that antibiotic treatment is started straight away, so you may find that you will be admitted to hospital to have antibiotics given by a drip so that they work very quickly.

More about potential side-effects of chemotherapy treatment and what can be done to help.

This table gives a lot more information about potential side-effects, how the treatment may make you feel and what might help or be done to help. Always pay attention to how you feel, to any changes in how you're feeling and if there are particular days or times that you feel unwell. It may help to note these down and, then tell the CNS, oncologist or nurses in the treatment or day unit. Nowadays there are medicines that can be prescribed to help with side-effects.

Side-effect	More about the side-effect	What can be done to help	With Docetaxel	With Cabazitaxel
Risk of infections Also see section on neutropenic sepsis above or separate sheet	Chemotherapy can reduce the number of white blood cells being made by the bone marrow. As white blood cells help the body fight off infections, if the numbers of white blood cells fall you can be at more at risk of catching an infection. This means that an infection your body could easily deal with before, like a cold, cough or sore throat, sickness and diarrhoea could potentially make you quite ill.	What can be done to help? <ul style="list-style-type: none"> • Keep away from others who have colds, coughs sore throats, sickness and diarrhoea or any other illness so that you don't pick up any infection; • Let your doctor know if you have come into contact with anyone who has measles, shingles, flu or chickenpox; • Wash your hands often and thoroughly, to kill off any germs, particularly before preparing or eating food and after you go to the toilet. 	Yes	Yes
Fever Also see section on neutropenic sepsis above or separate sheet	If you have <ul style="list-style-type: none"> • A high temperature • Start to feel unwell very suddenly • Feel cold and shivery • Have a headache • Have a sore throat or cough It may be advisable to buy a digital thermometer to accurately check your temperature.	If you see any of these signs it's important to contact your oncologist, CNS or GP immediately so that treatment can be started straight away. The hospital may provide you with a number to contact if this happens; otherwise, contact your GP, CNS, oncologist, or NHS 24 immediately.	Yes	Yes

Fatigue or feeling really tired	You may feel that you have very little energy, are tired all the time and can't be bothered with the things you enjoyed before.	<ul style="list-style-type: none"> • Although you might not feel like it, try taking some gentle, regular exercise. Like going for short walks. Some people find yoga is helpful too; • Sit down and rest whenever you feel tired, at whatever time that may be. In fact, you may find it helpful to plan little rest times or snoozes into your day; • If people offer, then gladly accept help with everyday jobs like cleaning, shopping, cooking and gardening but try to keep some activity in your day as well; • Try to get enough sleep at night. If not sleeping is a problem for you, mention this to the CNS or oncologist; • If you're going out on a special occasion or going to do something that you enjoy, try to take a rest or have a lie down shortly before as this may help to boost your energy levels. 	Yes	Yes
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Side-effect	More about the side-effect	What can be done to help	With Docetaxel	With Cabazitaxel
Anaemia	Chemotherapy can reduce the number of red blood cells being made by the bone marrow and this is why you will have your level of red cells checked regularly. Red blood cells are necessary for carrying oxygen around your body; with fewer red blood cells your heart has to work a lot harder to get enough oxygen round your body. Symptoms of anaemia can include feeling tired, being short of breath, dizzy or lightheaded.	What can be done to help? <ul style="list-style-type: none"> • If necessary, your oncologist may suggest a blood transfusion; • You may be prescribed iron tablets to take and perhaps be referred to a dietitian for more advice. 	Yes	Yes
Bleeding and bruising	Chemotherapy can affect the number of platelets in your blood and so your blood clotting mechanism doesn't work as well. Platelets are needed to help your blood clot and stop bleeding when you injure yourself. If the number of platelets is reduced you may find that you bruise more easily, bleed a bit a more than usual from just a small cut, and nosebleeds or your gums bleeding become a bit more common.	<ul style="list-style-type: none"> • Let you oncologist or CNS know immediately about any bruising, nosebleeds or bleeding gums; • Taking care when using sharp knives to prepare food; • Try to prevent any injuries like cuts or grazes when out working in the garden by wearing gardening gloves; • Perhaps use an electric razor for shaving and being very careful when cutting your nails; 	Yes	Yes
Blood in urine	This can sometimes occur with advanced prostate cancer and may increase when receiving chemotherapy.	<ul style="list-style-type: none"> • You should inform your Oncologist or CNS if you notice blood in your urine whilst undergoing chemotherapy. 	Yes	Yes

Blood clots	You may be more at risk of developing blood clots. If this happens, clots are most often formed in your legs and chest but can happen in different parts of your body as well. You should seek immediate medical attention for this or contact your oncologist or CNS immediately.	<ul style="list-style-type: none"> • Let your oncologist or CNS know if you have any redness, swelling or pain in your leg, are breathless, your breathing is rapid, your heart racing or if you have any chest pain; • You may be given medicine to thin your blood called anti-coagulants. 	Yes	Yes
Feeling and being sick	Some chemotherapy drugs may make you feel sick (nausea) or may cause you to be sick, or it may be a combination of both though some men may not feel or be sick at all. Feeling or being sick can happen at any time; before, during and sometimes for a few days after your chemotherapy.	<ul style="list-style-type: none"> • If your oncologist or CNS knows this is a problem for you, they can prescribe drugs to help, called anti-emetics. In fact you may be on one or more kinds of drug to help with this. It's important to take these drugs at the right time to get the full benefit from them; • Sometimes the smell from cooking can make you feel sick; perhaps having someone do the cooking will help, but cold, healthy foods are just as good as hot foods. 	Yes	Yes
Not having much of an appetite	You may find that you don't have much of an appetite and can't face food. If this is a concern, then perhaps you could be referred to a dietitian for advice.	<ul style="list-style-type: none"> • Try having small, regular meals and snacks throughout the day; • If your appetite is better some days than others or at particular times of the day, then this is the time to make the most of having a meal or snack or if you take a fancy for something then have it; • Some people find having ice cubes/crushed ice is helpful. 	Yes	Yes

Side-effect	More about the side-effect	What can be done to help	With Docetaxel	With Cabazitaxel
Diarrhoea	You may pass loose, watery motions quite a few times each day and you may have some pain or cramps in your tummy. This may be due to the chemotherapy drugs affecting the lining in your bowel.	<ul style="list-style-type: none"> • Try having small meals with snacks in between; • When you have diarrhoea, there is the possibility of becoming dehydrated; to avoid this make sure you have plenty of clear fluids: around 6-8 glasses each day; • For a short time, perhaps reduce the amount of fruit and vegetables you eat; • Avoid very hot or cold foods or drinks; • Cut out very spicy or fried foods. 	Yes	Yes
Constipation	You may find that your bowel movements change by becoming less regular and it becomes more difficult to pass a motion. Your tummy may feel bloated and it's painful to have a bowel movement. This may be because the chemotherapy is slowing down the movement of your bowels.	<ul style="list-style-type: none"> • First thing in the morning, before breakfast, try having a cup of hot water (or add a little lemon juice). This helps to encourage the wavelike motion in the bowel that moves waste products through the bowel; • Have a high fibre diet, including wholemeal or wholegrain cereals and plenty of fresh fruit and vegetables; • Drink plenty of fluids; • Taking some gentle exercise like going for a walk can help; • For some men the doctor may prescribe laxatives. But don't just use laxatives without first checking with your CNS, pharmacist or oncologist. 	Yes	Yes

Sore mouth	You might find that you get small mouth ulcers, a dry mouth, or an infection in your gums or tongue. Because of these you might find that you can't manage very hot or very cold foods. If this is a real problem for you, you may be referred to a dietitian.	<ul style="list-style-type: none"> • Use a very soft toothbrush and gently clean your teeth often throughout the day. Check for mild brands of toothpaste that won't sting your mouth; • Your oncologist or CNS may prescribe a mouthwash. It's best to avoid over-the-counter mouthwash which contains alcohol, although you can buy alcohol free mouthwash; • There are sprays available to buy that may help relieve a very dry mouth; • If your lips become dry, cracked and sore, regularly using a lip salve/balm may help; • There are gels or pastes that may help with mouth ulcers but check with your CNS, oncologist or pharmacist which might be most suitable; • Perhaps avoid very hot or very cold foods or drinks if your mouth is painful; • Perhaps avoid sharp tasting, citrus fruits or juices like orange, grapefruit, lemon; • Perhaps avoid spicy foods, alcohol, vinegar/ vinegar containing foods; • It may help if you eat soft foods with gravy or sauces to help you swallow food more easily; • Don't smoke as this can hurt your mouth or throat. 	Yes	
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Side-effect	More about the side-effect	What can be done to help	With Docetaxel	With Cabazitaxel
Changes in your sense of taste	<p>You may find changes to how foods taste. Although you might think of this as just a minor side-effect, it can affect your enjoyment of eating, you may lose interest in your food, perhaps leading to a poor diet and sometimes losing weight. So keeping your appetite and trying to have as healthy a diet as possible, may help improve your strength and energy levels and help you tolerate your treatment better.</p> <p>Some foods may have a very strong taste to you, you may be very sensitive to sour or bitter tastes, foods that you previously enjoyed may taste bland; you might find some foods have no taste at all while other foods may have a metallic taste. How long these changes will last is different for everyone; if you have a change to your sense of taste, it should improve round about 2-3 months after your treatment.</p>	<ul style="list-style-type: none"> • Try having small, frequent meals and have some healthy snacks between times. Don't be rigid about sticking to mealtimes – eat when you feel like it and if you take a fancy for a particular food; • Try different foods. Sometimes including foods that you haven't tried before can really help; • If foods have a metallic taste, try using plastic utensils and glass dishes for cooking rather than metal pans; and drinks may taste better coming from a bottle rather than a can. 	Yes	Yes
Cough or shortness of breath	Some chemotherapies may cause changes to the lungs. (Rare with Docetaxel)	<ul style="list-style-type: none"> • You should seek medical attention if you develop a cough, wheeze or breathlessness whilst undergoing chemotherapy treatment. 	Rare	Yes

Hair loss	<p>Losing your hair or your hair thinning is probably one of the most common side-effects during your treatment. It usually happens about 2-3weeks after your treatment starts and you might notice that you lose hair on other parts of your body like your underarms, arms, legs and groin area. Although you may be very upset with losing your hair, the good news is that it should start to grow back about 3-4 months after your treatment finishes. You might find, however, that when your hair grows back it may feel and look different.</p>	<ul style="list-style-type: none"> • Use mild shampoos, making sure you rinse your hair well then pat your hair and scalp dry. Perhaps avoid washing your hair every day; • Use soft hairbrushes and gently brush your hair; • If you lose a lot of hair, be sure to put sunscreen on your scalp, and perhaps think about getting a hat to protect your scalp from the sun. In cooler weather, a hat may help if you get very cold going outdoors; • If your scalp becomes dry or itchy, ask your CNS, oncologist or pharmacist to advise on a gentle moisturiser to use; • In some instances, it may be possible to get a hairpiece or wig; • It may be better to sleep on a satin pillowcase rather than a cotton one. 	Yes	Yes
Changes to your skin	<p>During your treatment, you may notice changes in your skin such as redness, rashes, peeling, thin or fragile skin or very dry, flaky skin. Your skin may become more sensitive to the sun too. Ask your CNS or oncologist what changes to expect and then let them know about any changes you notice.</p>	<ul style="list-style-type: none"> • Check your skin daily to look for any changes; • Wash or shower in lukewarm water using only gentle soap without perfumes or scents and don't rub your skin while washing. Pat dry with a soft towel; • Don't use any scented moisturisers, aftershaves or deodorants. If your skin is itchy or dry, ask the CNS or pharmacist what might be best to use; • Keep your skin covered when going out in the sun and use a high factor sunscreen; • Wash your clothes in a mild detergent to prevent any skin irritation. 	Yes	Yes

Side-effect	More about the side-effect	What can be done to help	With Docetaxel	With Cabazitaxel
Changes to your nails	Your fingernails may become weak, brittle, break, develop ridges or even fall off. Don't worry as new nails will grow back in time.	<ul style="list-style-type: none"> • Keep your hands moisturised with a suitable cream; • Keep your nails short and cut them very carefully. It may be a good idea to have someone else cut your nails for you; • Wear gloves to protect your nails when doing the dishes, housework or working in the garden. 	Yes	
Numbness in fingers and toes	<p>Some drugs can affect your nerve endings and may cause:</p> <ul style="list-style-type: none"> • A tingling or burning feeling; • A feeling of pins and needles; • Numbness in your fingers or toes; • Not being able to feel hot or cold; • Difficulty doing things with your hands like buttoning a shirt, or picking up small items; • Problems with balance or walking that make daily activities such as walking or dressing a little more difficult. <p>This side-effect is usually temporary and goes away after treatment stops. But it may take several months for the numbness to go away completely. Treating nerve damage early, and/or potentially lowering the dose or taking a break from the chemotherapy causing the problem, may prevent the symptoms from getting worse. Your oncologist will let you know how this may be helped in your particular circumstances.</p>	<ul style="list-style-type: none"> • Wear gloves and warm socks, especially in winter; • Always wear shoes both indoors and outside. Check your shoes at the beginning and end of each day just in case of any small stones that may cause an injury. Check your feet too for any cuts, grazes, rubbing or blisters; • It may be worth considering getting gel insoles for your shoes; • Use handrails going up and down stairs and keep the stairs clear so you don't trip and fall ; • Consider putting rugs away for the time being so you don't trip over these. 	Yes	Yes

Feeling anxious or being depressed	<p>Feeling or being anxious is quite common when you've been diagnosed with cancer, waiting for test results, going to consultations, going through treatment and perhaps thinking about the 'what ifs'. All of these can have a huge impact not only on how you are feeling but on family, friends and colleagues too. It can sometimes get to a point where it's difficult to cope with everyday life; try not to let it get to this point; let the team looking after you know how you're feeling.</p> <p>Some of the ways to recognise that you are anxious might include:</p> <ul style="list-style-type: none"> • Not being able to sleep; • Your pulse racing; • Panicking; • Difficulty in catching your breath; • Constantly worrying and looking nervous; • Being keyed up or restless; • Shaking; • Being short tempered or grumpy. 	<ul style="list-style-type: none"> • A starting point is to recognise how you're feeling, or listen when family or friends say they are concerned about how you're feeling; • Talk to your CNS, oncologist or GP; • Above all let your family, friends and colleagues know how you're feeling. Some men perhaps won't want everyone to know, but share your thoughts and feelings with those closest to you. Don't make them feel as if you're shutting them out when they want to help. Putting on a brave face may help some of the time but not all the time; • Exercise can help your mood and how you feel generally. Going for a walk in the fresh air and with friends may help enormously. Some men discover yoga at this time and find it very relaxing; • If your doctor suggests seeing a counsellor, don't dismiss this out of hand as talking with someone outside the family can help too; • Think about joining a prostate cancer support group and meeting other men and their families living with prostate cancer and finding out how they cope. Some organisations have telephone helplines or support lines that you might find helpful. 	Yes	Yes
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	<p>Signs of depression include:</p> <ul style="list-style-type: none"> • Ongoing feelings of sadness or hopelessness for most of the day and feeling like this on most days; • Not being able to enjoy almost all activities and for most of the time; • Being very restless, agitated or listless most of the time; • Extreme tiredness and not having the energy to get moving; • Not eating or sleeping properly; • Feelings of guilt, worthlessness and despair; • Trouble concentrating, remembering or making decisions. 			
Fluid retention (swelling in feet, ankles, arms, legs, hands and face)	Build-up of fluid in the body	<ul style="list-style-type: none"> • Put your feet up as often as possible perhaps even putting a pillow or cushion under your legs to raise your feet higher; • Try not to stand for long periods, even sitting to do jobs where you would have previously stood; • Don't cross your legs; • Don't wear tight clothes or shoes. 	Yes	Yes

Some men may experience other symptoms not mentioned here. If you feel that you have any other side-effects, you should mention these to your CNS, oncologist or someone from the oncology team looking after you.

Although this has been a fairly full list of side-effects, please remember that it is very unlikely that you will experience all of these side-effects; you may find that you have a few side-effects or perhaps you won't experience any side-effects. Always tell the CNS, oncologist or staff on the day unit if you have any of these side-effects, if you're not feeling well or if you have any other concerns or anxieties.

After your treatment finishes you will probably find that any side-effects gradually settle down and become a thing of the past even though it may have been difficult and upsetting to deal with them during your treatment.

Questions you may want to ask your doctor or CNS

Before starting chemotherapy, you may have some questions to ask your oncologist or CNS. A list of possible questions is given below.

Think about what you would like to know, so perhaps you would only need to ask a few of these, or you may have questions of your own.

- Why have you recommended chemotherapy?
- What do you expect chemotherapy to do to the cancer?
- Why do you think this might be the best option for me?
- When will I start chemotherapy?
- Will I have any other treatment at the same time?
- Could having chemotherapy make me feel worse?
- Can you explain what the side-effects are likely to be? Are these likely to affect me in the short term or are they more likely to be longer term?
- Is there anything I could do to help with the side-effects?
- When and where would I have chemotherapy?
- Which drug am I likely to be put on and why?
- How many sessions of chemotherapy am I likely to have?
- What check-ups would I have and how often would I need check-ups?
- What would be done at the check-ups – PSA, scan, etc?
- If chemotherapy doesn't work for me then what would be my options?
- Are there other suitable treatment choices that I could think about?

- What is the outlook for me?
- Is there someone that I can talk to who has had the same treatment that I am thinking about?
- How urgent is it that I have this treatment?
- What if I decide not to go ahead with chemotherapy?

For more information...

If you have any questions, then you can speak to your oncologist, CNS, GP or staff in the day unit. It may also help to look at the following websites or contact the organisation by phone or email. These organisations also have information leaflets available and some offer telephone helplines which you can contact for support or to answer your questions.

There may be a prostate cancer support group in your area where you can talk to other men (and possibly their family) who have been diagnosed with prostate cancer. These support groups may provide you with additional information. Often these men will share their experiences about when they were diagnosed with prostate cancer, how they decided on treatment and about their experiences before and after treatment. However, it's important to remember that each man's experience will be different, so what happened to another man may be completely different from what you may experience.

Organisation	Website	Contact number	Helpline available
Prostate Scotland	www.prostatescotland.org.uk	0131 603 8660	Telephone information service (not a helpline) 0300 666 0236
Cancer Treatment Helpline			0800 917 7711
Beatson Cancer Treatment Helpline	Only for those who attend the Beatson West of Scotland Cancer Care Centre.		0141 301 7990
NHS 24	www.nhs24.com	111	

Prostate Link UK	www.prostate-link.org.uk		
Prostate Cancer UK (includes some support group contact details)	www.prostatecancer.org.uk	0141 314 0050	✓ 0800 074 8383
Macmillan Cancer Support Support nurse	www.macmillan.org.uk	020 7840 7840	✓ 0808 808 0000
Cancer Research UK Cancer Information Nurses	www.cancerresearchuk.org	020 7242 0200	✓ 0808 800 4040
Edinburgh and Lothian Prostate Cancer Support Group. Livingston Group for West Lothian Both groups run a buddy programme for additional support	www.elprostatecancersupport.co.uk Email: charliehogg@blueyonder.co.uk	07933 260 066 01506 845 981	✓
Prostate Cancer Support Group, Maggie's Dundee	Email Lorna.McGoldrick@maggiescentres.org	01382 632999	
Prostate Cancer Support Group Maggie's Gartnavel General Hospital, 1053 Great Western Road Glasgow G12 0YN	glasgow@maggiescentres.org	0141 357 2269	
UCAN Care Centre, Ward 209, Aberdeen Royal Infirmary	www.ucanhelp.org.uk	01224 550333 (voicemail)	
Prostate Cancer Support Network Fife	Maggie's Centre, Victoria Hospital, Kirkcaldy	01592 647 997	
Scottish Borders Prostate Cancer Support Group	Macmillan Centre Borders General Hospital	01721 722 655	
Highland Prostate Cancer Support Network	Maggie's Centre, Raigmore Hospital, Inverness	01463 706306	
Webmd	www.webmd.com		
Patient UK	www.patient.co.uk		
Medicine net	www.medicinenet.com		

Important helpline information

Cancer Treatment Helpline - 0800 917 7711

There is a national cancer treatment helpline in Scotland available 24 hours a day. Patients who are worried about symptoms or feel unwell whilst having certain chemotherapy or radiotherapy treatment for cancer can get in touch with the helpline. There will be someone available at the end of the phone who will be able to consider and review your symptoms and then either:

- Offer advice;
- Arrange for you to see or speak with a cancer nurse or oncologist.

This means that you will get the most appropriate, effective and timely care, if you think you are feeling worse than before. You will be able to use this helpline for up to 6 weeks after your treatment has finished.

Call 0800 917 7711 to get in touch with the Cancer Treatment Helpline in Scotland.

Beatson Cancer Treatment Helpline - 0141 301 7990

This helpline is only for patients on radiotherapy or chemotherapy who attend the Beatson West of Scotland Cancer Care Centre. It means that there is direct access to specialist oncology advice and staff who are specially trained to answer your calls and consider and review your symptoms. This runs 8am-8pm seven days a week; calls between 8pm each evening and 8am, will be re-directed to the National Cancer Treatment Helpline. You will be able to use this helpline for up to 6 weeks after your treatment has finished.

Call the Beatson radiotherapy helpline on 0141 301 7432. (only for those treated with radiotherapy and who attend Beatson Cancer Centre, Glasgow)

Maggie's Centres

Maggie's centres offer free practical, emotional and social support to people with cancer and their families and friends. Help is offered freely to anyone with any type of cancer. Simply drop in or phone at any time.

Maggie's Aberdeen, Aberdeen Royal Infirmary, Elizabeth Montgomerie Building, Westburn Road, Foresterhill, Aberdeen, AB25 2UZ, telephone 01224 645928, email aberdeen@maggiescentres.org

Maggie's Dundee, Ninewells Hospital, Tom McDonald Avenue, Dundee, DD2 1NH, telephone 01382 632999, email dundee@maggiescentres.org

Maggie's Edinburgh, The Stables, Western General Hospital, Crewe Road, Edinburgh, EH4 2XU, telephone 0131 537 3131, email edinburgh@maggiescentres.org

Maggie's Fife, Victoria Hospital, Hayfield Road, Kirkcaldy, KY2 5AH, telephone 01592 647997, email fife@maggiescentres.org

Maggie's Centre Forth Valley, Forth Valley Royal Hospital, Stirling Road, Larbert, Stirlingshire, FK5 4WR, telephone 01324 868 069, email forthvalley@maggiescentres.org

Maggie's Glasgow, Gartnavel General, 1053 Great Western Road, Glasgow, G12 0YN, telephone 0141 357 2269, email glasgow@maggiescentres.org

Maggie's Highlands, Raigmore Hospital, Old Perth Road, Inverness, IV2 3FL, telephone 01463 706306, email highlands@maggiescentres.org

Maggie's Lanarkshire, Monklands Hospital, Monkscourt Avenue, Airdrie, ML6 0JS, telephone 01236 771199, email lanarkshire@maggiescentres.org

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