TREATMENT

Treating prostate cancer in gay and bisexual men
This booklet is part of a series of four booklets for gay and bisexual men with prostate cancer. This series of booklets aims to provide information about important issues that men need to know relating to prostate cancer. These issues are divided into the four separate booklets for ease of access and understanding with each covering a major topic during the cancer journey. The topics covered by the four booklets are: 1) Diagnosis – information on how prostate cancer is diagnosed; and after being diagnosed; 2) Treatment – the treatment options for prostate cancer and what men need to know about these options to help choose the most appropriate option; 3) Side Effects – the treatment side effects men need to be aware of when choosing a treatment option; and 4) Wellbeing – activities men can do and changes they need to consider in order to maintain a positive wellbeing and good quality of life when living with prostate cancer.

The four booklets in this series are:

**Diagnosis**
Your diagnosis explained.

**Treatment**
The range of treatment options available to you (this booklet).

**Side effects**
The side effects of treatment for prostate cancer with tips on how to cope.

**Wellbeing**
How to deal with the practicalities of living with prostate cancer.

**Note to reader**
Because what is known about prostate cancer and its treatment is constantly changing and being updated, your treating health professionals will give you information that is specific to your unique needs and situation.

This booklet is written so it can be read as a stand-alone booklet or as part of the set. If you would like further information please contact PCFA (telephone: 02 9438 7000 or freecall 1800 22 00 99, email: enquiries@pcfa.org.au, website: www.pcfa.org.au) or the place where you obtained this booklet.

**Disclaimer**
PCFA develops materials based on the best available evidence and takes advice from recognised experts in the field in developing such resources; however, it cannot guarantee and assumes no legal responsibility for the currency or completeness of the information.
Periodic updates

It is planned that PCFA will review this booklet after a period of, but not exceeding, four years.

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# Contents

1. Introduction 4

2. Gay/Bisexual men and prostate cancer 7

3. What to consider when making treatment decisions 8

4. What are the management and treatment options? 13

5. How will I know if my treatment has worked? 22

6. What happens if the disease progresses? 23

7. Clinical Trials 24

8. Should I use complementary and alternative therapies? 25

9. Is there anything to consider before starting treatments? 28

10. Where to go to get support and assistance? 32

11. Glossary 37
1. Introduction

This booklet is for gay and bisexual men who have been diagnosed with prostate cancer. It contains information to help you understand treatment options for prostate cancer. It may also be helpful for your partner, family and friends.

In Australia, prostate cancer is the most commonly diagnosed cancer in men. It is estimated that in 2014, about 21,000 Australian men will be diagnosed with prostate cancer, accounting for approximately 30% of all new cancers in men. However, prostate cancer is generally a slow-growing disease, and the majority of men with prostate cancer live for many years or decades without painful symptoms, and without it spreading and becoming life-threatening.

Although gay and bisexual men are not more at risk of prostate cancer than straight men, the possibility of gay and bisexual men in a same-sex relationship having to deal with the disease is possibly higher than straight men because one or both men in the relationship have the potential to be diagnosed with the disease.

Compared with other cancers, prostate cancer has one of the highest 5-year survival rates after diagnosis (92%). This means that of all the men diagnosed with prostate cancer in Australia between 2006 and 2010, it is estimated that 92% will still be alive five years after their diagnosis.
Your cancer journey

After being diagnosed with prostate cancer, it’s common for you to see a number of health professionals with different expertise who work together as a team, called a multidisciplinary team (also known as a healthcare team). Best practice treatment and supportive care for people with cancer involves a team of different health professionals. Each team member brings different skills that are important in managing care and in making decisions around your individual needs. The team includes health professionals who are involved in diagnosing your cancer, treating your cancer, managing symptoms and side effects, assisting you with your feelings or concerns during your cancer journey.

The cancer journey is your personal experience of cancer. It’s not the same for everybody, even with the same type of cancer. Depending on your stage of prostate cancer and other underlying conditions, your experience may be quite different.

As the diagram Your cancer journey shows, it can be useful to think of the journey in stages that may include detection, diagnosis, treatment, follow–up care and survivorship. For some, it may include end of life care. Take each stage as it comes so you can break down what feels like an overwhelming situation into smaller, more manageable steps.
Many people want to take an active part in making decisions about their care. Gaining information about prostate cancer and its treatment will help you make decisions. This booklet aims to help you decide which of the treatments for prostate cancer is best for you now that you have been diagnosed with localised or locally advanced prostate cancer, where to find more information and suggested organisations to support you on your cancer journey. Being informed enables you to participate in decisions about your care and leads to improved experiences and better care.

- **Localised prostate cancer** – this is where the cancer is only found in the prostate gland. Sometimes it is also known as *early* prostate cancer.
- **Locally advanced prostate cancer** – the cancer has extended beyond the prostate and may include seminal vesicles or other surrounding organs such as the bladder or rectum.
- **Metastatic prostate cancer** – the cancer has spread to distant parts of the body such as bone.

If you have been diagnosed with advanced prostate cancer, including locally advanced prostate cancer and metastatic prostate cancer, a series of free booklets on **advanced prostate cancer** is available through PCFA (www.pcfa.org.au).
2. Gay/Bisexual men and prostate cancer

“They make assumptions, they just assume everyone’s straight.’

Your sexual identity and your relationship/s are important parts of your life that need to be respected and considered throughout the prostate cancer journey. Your partner (if you have one) or friends may be your main support, and it can be helpful to you to include them when you talk with health professionals. This way, the health professionals you’re seeing know that your partner and friends can be included in discussions about treatments.

“My (doctor), he got a shock when I said I was a homosexual man.’

Telling health professionals that you have a male partner can be daunting because of discrimination and homophobia. Find health professionals who you feel comfortable with, and talk with them about your sexuality and partner (if you have one).

It is important to talk openly with members of your healthcare team because then they can support you in ways that are most appropriate for you. Although the treatments available to gay and bisexual men are the same as for straight men, this team is there to support you and your partner (if necessary) through treatment and the impacts it may have.
3. **What to consider when making treatment decisions**

‘(The doctor) said, ‘I’m going to do this, this and this’. And I said, ‘No, you’re not. We’re sitting down to discuss this’.’

The type of treatment that is best for you is dependent on a number of factors, such as your age, general health, and whether you have localised or locally advanced prostate cancer. It is important you gather as much reliable information as possible about the options available to you. Some things to consider:

- know what choices are available to you
- make sure you are involved in the decision as much as you feel able
- find out about the benefits and limitations (the pros and cons) of each option
- identify the option to suit you.

It is important to ask your doctor and other health professionals for as much information as possible, and some people find getting a second opinion can also help with their decisions. Discussing options with your partner, close friends, relatives, and other men with prostate cancer can also help. PCFA has prostate cancer support groups specifically for gay and bisexual men (www.pcfa.org.au).

The health professionals looking after your medical care are there to help you make treatment decisions by giving you information, advice and guidance.
Listed below are some questions you may want to ask members of your healthcare team about treatment options for prostate cancer:

- What are the treatment options available to me?
- What do the treatments do and what will happen to the cancer?
- What are the treatment procedures?
- What are the benefits and how likely are they?
- What are the possible side effects?*
- What do I have to do and how may it affect my day-to-day? (e.g. travel to a treatment centre, take time off work, changes in responsibilities)
- How will the treatment affect my quality of life?
- How will the treatment affect my sexual function or sex life?
- How will the treatment interact with medications I’m taking for other diseases? (e.g. HIV, heart disease)
- How will the treatments be monitored?
- What are the costs involved with the treatments?
- How may the treatments affect other health conditions I may have?
- If I want children, what are my options? Is there anything I need to do before starting treatment?

*You can read more about treatment side effects in one of the booklets in this series: Managing prostate cancer treatment side effects in gay and bisexual men.

These are not the only questions to ask, but they may help you think of other ones that would help you make the best treatment decision for your situation. The answers you get to some questions may make you think of other questions. This is valuable because all the information you get will help you make sense of all the options open to you.
Be prepared that you may not get all the answers you want in one go with the health professionals you’re seeing. It may take several discussions before you get all the answers you need, so it is important for you to:

- **Take your time** – Although a prostate cancer diagnosis may make you feel you need to start treatment straight away, it is important to take time to know and understand what it involves. In most situations, treatment is not immediately urgent, so there is time for you to think before making a decision.
- **Keep asking questions** – Whenever you need more information, ask members of your healthcare team, even after you have made a decision about the type of treatment.
- **Sometimes the decision can be changed** – Sometimes the treatment can cause problems and difficulties for you (e.g. side effects). When that happens, you can talk with your healthcare team about taking up another treatment option.
- **Get a second opinion** – Getting an opinion from another doctor is a common thing to do. It will not offend your doctor. Your doctor may even recommend it.
- **Talk to people you trust** – Discussing treatment options with your partner and/or friends or relatives can help. They can offer a different point of view that may help you decide the best option for you.
‘Patient preference is an important factor in treatment decisions, as the values people place on quality versus quantity of life, their acceptance of risk and fear of complications will influence the acceptability of the various treatment options.’ (National Health & Medical Research Council, 2003, p.xii)¹

After getting all the information about treatment options, and because of personal views and beliefs, some people choose not to have treatments straightaway, but instead to have ‘watchful waiting’ or ‘active surveillance’. This is a valid choice, but it needs to be based on information gathered from talking with the ‘right’ people (e.g. your doctor, other cancer health professionals, other men with prostate cancer). It is important to not let your decision be swayed by people who are uninformed, and carefully consider information you have read on the internet as it may not be up to date or may not be a creditable source of information.

What are the management and treatment options?

There are different options for managing and treating prostate cancer. The most appropriate option for you depends on your age, the stage of the disease, the severity of symptoms and your general health. After finding out more about the grade and stage of your prostate cancer, your doctor may discuss different management options with you.

Some management and treatment options are about keeping check of the cancer. They are ways of delaying treatments because prostate cancer in some men can be slow growing and may not need to be treated straightaway. By not having treatment straightaway, this may reduce the impact of prostate cancer treatment on your quality of life. If there are any changes in your cancer, your doctor may suggest starting treatment.

The information you get from your doctor and other health professionals can help you work out the best management and treatment option for you. Some options can cause a variety of side effects and affect your quality of life. Part of the process in choosing the best option is to find out the side effects that come with the different options. You can get more information about treatment side effects in one of the booklets in this series: Managing prostate cancer treatment side effects in gay and bisexual men.
The management and treatment options include:

- **Watchful waiting**
  For some men, particularly older men with major health issues, various treatments may not be appropriate. They will be regularly monitored and if symptoms develop (e.g. bone pain), treatment will be offered to manage these symptoms. The intent is to treat symptoms as they arise.

- **Active surveillance**
  For men who have low-risk localised prostate cancer, active surveillance is an option. Men are regularly monitored by the prostate specific antigen (PSA) test, digital rectal examination (DRE) and occasional further biopsies. The results from these tests and procedures will show if the cancer had changed. If the disease progresses, they are offered treatment, usually by surgery or radiotherapy. The thinking behind this strategy is that because treatments have side effects that affect quality of life, it can be better to delay treatment for as long as possible. Men on active surveillance may remain well without treatment.

- **Surgery**
  Surgery aims to remove your cancer completely if it has not spread beyond the prostate gland at the time of treatment (localised prostate cancer). The prostate will be removed in a procedure called a radical prostatectomy, with the intent to cure. This involves the removal of the entire prostate gland, as well as some of the tissues surrounding it, to make sure the cancer is fully removed before it spreads. Surgery is generally offered to healthy men whose cancer has not spread to other parts of the body.
A radical prostatectomy can be done in different ways:

- **Open radical prostatectomy** – A cut is made below the navel to the pubic bone, to get to the prostate gland.

- **Laparoscopic radical prostatectomy** – This is also known as ‘keyhole surgery’. A number of small cuts are made to allow insertion of a camera and instruments. The actual procedure is the same as open surgery, but done through smaller incisions, so you recover faster.

- **Robotic-assisted radical prostatectomy** – Similar to laparoscopic surgery, but performed with instruments that have greater range of movement than standard laparoscopic ones.

[Note: Recovery time may be quicker with laparoscopic or robotic prostate surgery, compared to open surgery, but all three forms of radical prostatectomy have similar rates of recovery and side effects. The choice of surgery is largely dependent on the particular technique your surgeon has expertise in. At this time, there is no high level evidence that one technique is better than the other.]
Sometimes a procedure called *nerve-sparing prostatectomy* can be done when undergoing surgery for prostate cancer. This can reduce the risk of erectile problems by preserving the nerves needed for erections. These nerves are on either side of the prostate. This procedure is not always possible because the cancer can affect the areas around the nerves. Talk with your urologist to find out if this option is possible for you.
Surgery can cause side effects such as erectile problems, inability to produce semen, incontinence, and reduction in penis size. Surgery will also cause infertility so if you wish to have children in the future (e.g. being a donor), you will need to discuss alternatives such as having some of your sperm stored before treatment starts (this is called sperm banking).

Depending on the type of surgery you have, the time it takes to recover and resume normal daily activities can be between 2 – 8 weeks. Specific to sexual activities, you may need to avoid having sex for 6 – 8 weeks after the operation so you have time to heal. This time varies somewhat from one man to another, and you should talk to your specialist about this.

Sometimes men with locally advanced prostate cancer may be offered surgery, with or without radiotherapy after surgery (this is called adjuvant radiotherapy). Whether or not this treatment option is considered depends on how far the cancer has spread into the prostate region. You can talk to your treating doctor to find out if this option is suitable to you.

**Further questions to ask:** As well as the questions in Section 3, the following questions may be useful for you to ask your healthcare team about the form of radical prostatectomy that is recommended to you.

- Why are you recommending this particular option instead of radiotherapy?
- What are the advantages and disadvantages of this form of surgery for my situation?
Radiotherapy may be used to treat prostate cancer by using X-rays to destroy cancer cells. It may be used to treat localised prostate cancer with the intent to cure. In some cases, people may also be given radiotherapy with the intent to cure, even if the cancer has spread to other parts of the prostate region (locally advanced prostate cancer).

Radiotherapy can be also given after surgery if:
- your cancer may have spread outside the prostate gland – this is called adjuvant radiotherapy
- your PSA level started to rise – this is called ‘salvage’ radiotherapy.

Types of radiotherapy
There are two main types of radiotherapy – external beam radiotherapy (EBRT) and brachytherapy. The difference is whether radiotherapy is applied from outside the body (EBRT) or inserted directly into the prostate (brachytherapy). Not all cancer treatment centres offer brachytherapy. Talk with your healthcare team about the availability of treatment options in your area.

In some instances, both surgery and radiotherapy may be used in combination with the aim to eradicate all the cancer cells.

External beam radiotherapy (EBRT) uses high energy x-ray beams that are directed at the prostate from the outside. Generally people have this treatment in a hospital setting daily, Monday to Friday, for 7–8 weeks. During your EBRT treatment, you can continue to do what you would normally do if you’re able but it can interfere with some day-to-day activities as you may need to schedule multiple hospital visits, and there are side effects.
External beam radiotherapy (EBRT) can cause side effects such as fatigue, skin discomfort around the area where the rays penetrated the skin, erectile problems, and urinary or bowel problems. Urinary problems can include burning or stinging during urination, frequent urination or incontinence. Bowel problems can be mild and include looseness and frequency of bowel motions or incontinence. Occasionally, bleeding from the back passage (rectum) may occur, and should be reported to your healthcare team. Radiotherapy will not affect your libido directly but the whole process may mean that you do not feel like having sex during the weeks of, or after the treatment. However, if you’re the receptive partner (‘bottom’) during anal sex, you may be sore from radiotherapy. Having anal sex can make the pain worse and damage the delicate lining of the anus and rectum. Talk with your treating healthcare team about when anal sex can resume and how you can minimise discomfort. If you wish to have children in the future, you will need to discuss alternatives such as having some of your sperm stored before treatment starts (this is called sperm banking). You can ask to speak with a fertility counsellor or be referred to a service that specialises in fertility issues.
Brachytherapy is when radioactive material is given directly into the prostate at either at a low dose rate (LDR) or high dose rate (HDR). LDR and HDR relate to the speed with which the dose is delivered, not the actual dose itself. Brachytherapy may not be available in your local public hospital.

- **LDR** – It is given by implanting *permanent* radioactive seeds directly into the prostate. The seeds give off a focused amount of radiation to the prostate with the aim of destroying the cancer cells. LDR brachytherapy is generally a treatment for men with localised prostate cancer. Placement requires surgery that may take a few hours but you may be able to have the treatment as a ‘day–only patient’ or have an overnight stay.

- **HDR** – It is also given by inserting radioactive material directly into the prostate but, unlike LDR seeds, the placement of the material is *temporary* and for shorter periods – usually for a day or two at a time. The procedure takes place at a hospital but may require a longer stay than LDR brachytherapy. It is usually given in combination with EBRT for locally advanced disease.

Brachytherapy can cause side effects such as soreness, frequent and difficult urination, and bowel discomfort. There is no reason not to have sex soon after brachytherapy but you may not feel like it for the first few weeks. You may be advised to take certain precautions initially like wearing a condom when having penetrative sex (e.g. anal sex).
Use of hormone therapy before and after radiotherapy

Hormone therapy, also known as androgen deprivation therapy (ADT), may be given before radiotherapy, called neo–adjuvant therapy, because this may improve treatment outcome. It’s been shown that using hormone therapy before and during radiotherapy can reduce the chance of the cancer spreading and improve survival chances. For men with higher risk cancer, hormone therapy is also given after radiotherapy (adjuvant therapy) to improve treatment outcome and overall survival.

Further questions to ask: As well as the questions in Section 3, the following could be useful for you to ask your healthcare team about the form of radiotherapy that is recommended to you:

- Why are you recommending this form of radiotherapy and not surgery?
- What are the advantages and disadvantages of this form of radiotherapy for my situation?
- What precautions may be needed during and after the treatment?
5. How will I know if my treatment has worked?

The PSA level is a good indicator of how effective the treatment has been. In general, the PSA level should fall to an undetectable level after surgery. If you had radiotherapy, because the prostate remains in the body the PSA level is unlikely to drop to an undetectable level. However, it will drop gradually and may not get to the lowest level for a few years after treatment. Sometimes men who have radiotherapy experience a PSA bounce or spike, which is when PSA levels go up slightly for a short time within the first year of treatment but then drop again. A PSA bounce doesn’t mean the cancer has come back.

Your doctor or members of your healthcare team should be told if any symptoms are getting worse, or if you have developed any new symptoms, so they can offer assistance and possible solutions to you.
6. What happens if the disease progresses?

In many cases, surgery or radiotherapy is successful in controlling prostate cancer. However, sometimes the treatment does not fully control the cancer and it later reappears or spreads to other parts of the body. When prostate cancer has spread to other parts of the body, this is referred to as advanced or metastatic prostate cancer. If the cancer is not diagnosed early, some men may have advanced or metastatic prostate cancer by the time they are diagnosed. There are a number of treatment options for advanced prostate cancer.

If you have been diagnosed with advanced prostate cancer, a series of booklets on advanced prostate cancer is available through PCFA (www.pcfa.org.au).
New drugs and treatment approaches are constantly being developed and researched. New combinations of different strategies and treatment therapies, as well as the development of new drugs, are constantly being trialled and tested to see if they can further improve treatment options for men with prostate cancer and their quality of life.

Clinical trials are research studies that investigate a new test, treatment or medical procedure on people to find better ways to treat cancer. Some clinical trials compare new treatments with standard treatments or look at new combinations of treatments or new ways of giving treatments. You may or may not be eligible to take part in a clinical trial. Talk to your doctor about clinical trials that may be right for your needs.

For more information about clinical trials, see Understanding Clinical Trials and Research - A guide for people affected by cancer (Cancer Council NSW) and, the Australian Cancer Trials website (www.australiancancertrials.gov.au - Cancer Australia), a consumer friendly website about clinical trials conducted in Australia.
8. **Should I use complementary and alternative therapies?**

Complementary and alternative therapies cover many forms of non-traditional treatment, and have been used by some people with prostate cancer. Complementary therapies and alternative therapies are not the same. Complementary therapies are usually used alongside conventional medicines. However, alternative therapies are used *instead* of conventional medicine and are generally untested.

Some men with prostate cancer may use complementary therapies along with the conventional prostate cancer treatments to help them cope with cancer symptoms or side effects from treatments, and to improve their quality of life.

If you are thinking about using complementary therapies, it is important that you use safe and proven therapies and not therapies that are unproven, possibly harmful and promoted as alternatives or substitutes for conventional medicine. Talk with members of your healthcare team about this. There is evidence to show that physical activity, meditation, yoga and acupuncture can help with managing the physical and emotional symptoms of cancer. It is important that you speak with your healthcare team if you are thinking of using complementary therapies because they will be able to advise you which ones could be useful for you, and ones that would not interfere with your prescribed conventional medicines.
Listed below are some questions you may want to ask members of your healthcare team about complementary therapies:

- What are the useful complementary therapies for me?
- How will they help me?
- What is the evidence to show they work?
- Do they have side effects? What are they?
- Will they interfere with the conventional prostate cancer treatment I am having or want to have?
- What are the financial costs of the complementary therapies being suggested?

For more information about the use of complementary therapies, see *Understanding complementary therapies – a guide for people with cancer, their families and friends* (Cancer Council NSW).
Treating prostate cancer in gay and bisexual men
9. Is there anything to consider before starting treatments?

Side Effects

Even though prostate cancer treatment can improve your health, it can also reduce your quality of life. Each treatment comes with side effects, and some of these can make you unwell or create a number of new practical issues that were not there before. Because of this, it will help you if you know about all the possible side effects for each treatment before you start. You can read more about treatment side effects in one of the booklets in this series: *Managing prostate cancer treatment side effects in gay and bisexual men.*

Work

Starting prostate cancer treatment can affect your work life because you may need to take time off to travel to treatment centres or to recover from treatment procedures. You may not be able to do physically demanding work soon after some treatments. Some side effects from treatments can affect your work performance, which means you may need to take frequent or longer breaks during the day or periods away from work.

If you are an employee, your employer should have a clear leave entitlement policy. It may be useful for you check what leave entitlements you have and to use them to manage the time you need off for treatment or recovery. Speak with someone in your Human Resources department about how to access your employee support scheme (e.g. Employee Assistance Program). Many organisations are linked to professional organisations as part of their employee wellbeing program.

Most employers are sympathetic to people with cancer. An honest discussion with your employer about the effects of your treatment and how these may impact your work may be useful. However, it is up to you as to whether or not to tell your employer that you have prostate cancer. A cancer diagnosis is personal information that you don’t always have to share with anybody if you don’t want to. You can talk with your doctor about the wording of your medical certificates so that your cancer diagnosis is not revealed. If you choose to tell your employer, maybe think about why
you want to tell them and what you want them to do. You could go to your employer with suggestions for how they could help you (e.g. flexible hours).

If you are self-employed or casual, you will need to arrange work demands to deal with your situation. By making a plan to organise your work life and finances, you will be better able to manage the changes caused by treatment demands.

Continuing to work after being diagnosed, or resuming work after treatment, can help you by giving you a sense of normality in spite of changes caused by prostate cancer. Not everyone is able to work, and some may want to leave work or cut back on hours or duties. It is important for you to decide the best work arrangement for you.

For more information, see Cancer, work & you – information for employed people affected by cancer (Cancer Council NSW).

Financial costs

The Australian Government subsidises the cost of listed prescription medicine to all residents and eligible overseas visitors through the Pharmaceutical Benefits Scheme (www.pbs.gov.au/info/about-the-pbs). Not everything relating to your cancer treatment may be covered by the scheme so check with your doctor when they prescribe a medication or refer you to a service. If you have private health insurance, check what your policy will cover so that you are prepared for any possible financial outlays.

Each State and Territory has a government-funded scheme to help patients who have to travel long distances to obtain specialist treatment that is not available locally.

Also, the fees that specialists charge for consultations and services can be different from one to another. A good idea is to ask what the fees are before your first consultation.

There may be other life changes and issues that are causing concerns for you. Please see one of the booklets in this series: *Maintaining wellbeing in gay and bisexual men with prostate cancer*, which discusses some of the common issues that people in a similar situation have faced.
**10. Where to go to get support and assistance?**

Listed below are some of the leading organisations and services that can provide you accurate information and support about prostate cancer.

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<th>Cancer Council Helpline</th>
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<tr>
<td>PCFA has support groups specifically for gay and bisexual men with prostate cancer</td>
<td>A free, confidential telephone information and support service run by Cancer Councils in each State and Territory</td>
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<tr>
<td>☎ (02) 9438 7000 or 1800 220 099 (freecall)</td>
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<td>✉ <a href="mailto:enquiries@pcfa.org.au">enquiries@pcfa.org.au</a></td>
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<td>🌐 <a href="http://www.pcfa.org.au">www.pcfa.org.au</a> (PCFA state offices are listed on the website)</td>
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<th>Cancer Australia</th>
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<tr>
<td>Providing national leadership in cancer control and improving outcomes for Australians affected by cancer</td>
<td>Providing information about impotence, treatments and accessing support</td>
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<td>🌐 <a href="http://www.canceraustralia.gov.au">www.canceraustralia.gov.au</a></td>
<td>☎ 1800 800 614 (national telephone support service for men and their partners)</td>
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<th>Cancer Council Australia</th>
<th>Andrology Australia</th>
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<td>Reducing the impact of cancer in Australia through advocacy, research, education and support</td>
<td>Providing information about prostate cancer and male reproductive health</td>
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<td>🌐 <a href="http://www.cancer.org.au">www.cancer.org.au</a></td>
<td>☎ 1300 303 878</td>
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<tr>
<td>✉ <a href="mailto:info@andrologyaustralia.org">info@andrologyaustralia.org</a></td>
<td>🌐 <a href="http://www.andrologyaustralia.org">www.andrologyaustralia.org</a></td>
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Treating prostate cancer in gay and bisexual men

Cancer Councils

Providing practical and emotional support, financial and legal assistance, information services and more

<table>
<thead>
<tr>
<th>Cancer Council ACT</th>
<th>Cancer Council South Australia</th>
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<tbody>
<tr>
<td>(02) 6257 9999</td>
<td>(08) 8291 4111</td>
</tr>
<tr>
<td><a href="mailto:reception@actcancer.org">reception@actcancer.org</a></td>
<td><a href="mailto:tcc@cancersa.org.au">tcc@cancersa.org.au</a></td>
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<tr>
<td><a href="http://www.actcancer.org">www.actcancer.org</a></td>
<td><a href="http://www.cancersa.org.au">www.cancersa.org.au</a></td>
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<tr>
<th>Cancer Council NSW</th>
<th>Cancer Council Northern Territory</th>
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<tr>
<td>(02) 9334 1900</td>
<td>(08) 8927 4888</td>
</tr>
<tr>
<td><a href="mailto:feedback@nswcc.org.au">feedback@nswcc.org.au</a></td>
<td><a href="mailto:admin@cancernt.org.au">admin@cancernt.org.au</a></td>
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<tr>
<th>Cancer Council Queensland</th>
<th>Cancer Council Victoria</th>
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<tr>
<td>(07) 3634 5100</td>
<td>(03) 9514 6100</td>
</tr>
<tr>
<td><a href="mailto:info@cancerqld.org.au">info@cancerqld.org.au</a></td>
<td><a href="mailto:enquiries@cancervic.org.au">enquiries@cancervic.org.au</a></td>
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<tr>
<th>Cancer Council Western Australia</th>
<th>Continence Foundation of Australia</th>
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<tbody>
<tr>
<td>(08) 9212 4333</td>
<td>Providing information about bladder and bowel health and accessing support</td>
</tr>
</tbody>
</table>
| inquiries@cancerwa.asn.au        | (03) 9347 2522  
1800 330 066 (free helpline staffed by continence nurse advisors) |
| info@continence.org.au          | www.continence.org.au |

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<tr>
<th>Fertility Society of Australia</th>
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<tr>
<td>Providing information about fertility issues and accessing services</td>
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<tr>
<td>(03) 3645 6359</td>
</tr>
<tr>
<td><a href="http://www.fertilitysociety.com.au">www.fertilitysociety.com.au</a></td>
</tr>
</tbody>
</table>
Gay and Bisexual men specific:

Listed below are organisations and services specifically for gay and bisexual men.

**Gay and Lesbian Welfare Association (Queensland)**

Peer-to-peer telephone counselling service, offering support, referral and information to the Queensland LGBT community

📞 (07) 3017 1717 or 1800 184 527 (freecall)

🌐 [www.glwa.org.au](http://www.glwa.org.au)

**ACON (NSW)**

Health promotion organisation based in the gay, lesbian, bisexual and transgender community

📞 (02) 9206 2000 or 1800 063 060 (freecall)

🌐 [www.acon.org.au](http://www.acon.org.au)

✉️ acon@acon.org.au

**Gay & Lesbian Counselling Services of NSW**

A volunteer-based community service providing free, anonymous and confidential telephone counselling, information and referral services and support groups for gay men, lesbians, bisexual and transgender persons (GLBT) and people in related communities throughout New South Wales - 7 days 5.30pm - 10.30pm

📞 (02) 8594 9596 or 1800 184 527 (freecall)

🌐 [www.glcsnsw.org.au](http://www.glcsnsw.org.au)

**Gay & Lesbian Community Services SA/NT**

A fully volunteer run and operated peer telephone support, referral and advocacy service for the LGBT community and the wider community of South Australia and Northern Territory - 7pm - 10pm each night

📞 (08) 8193 0800

✉️ glcs@glcssa.org.au

🌐 [www.glcssa.org.au](http://www.glcssa.org.au)
Sexual Health Information Networking & Education (SHine) SA

Provides sexual health services to the South Australian community including GLBTIQ communities. Services include clinics, counselling, community and professional education programs, library facilities and resources.

📞 (08) 8300 5300
✉️ info@shinesa.org.au
🔗 www.shinesa.org.au

Gay and Lesbian Health Victoria (GLHV)

Dedicated to improving the response of the health system to GLBTI people.

📞 (03) 9285 5382
✉️ info@glhv.org.au
🔗 www.glhv.org.au

Gay and Lesbian Switchboard (Victoria/Tasmania)

Provide free anonymous telephone counselling, information and referral services for LGBT communities in Victoria and Tasmania.

Mon – Thurs (6pm – 10 pm) (Wed 2pm – 10pm), Fri – Sun & public holidays (6pm – 9pm)

📞 (03) 9663 2939 or 1800 184 527
🔗 www.switchboard.org.au

Gay & Lesbian Community Services of WA (GLCS WA)

Provides telephone counselling and other support services to the LGBT community as well as education and training on LGBT issues.

Monday – Friday (7pm – 10pm)

📞 08 9420 7201 or 1800 184 527 (freecall)
🔗 www.glcs.org.au
Further reading

Cancer Council Australia. (2010). Localised prostate cancer – a guide for men and their families. (You can get a free copy of this book by contacting PCFA - Tel: 02 9438 7000/1800 220 099 (freecall) Email: enquiries@pcfa.org.au Website: www.pcfa.org.au)


Other booklets in this series on prostate cancer for gay and bisexual men:

- Diagnosis: Diagnosing prostate cancer in gay and bisexual men – Your diagnosis explained
- Side effects: Managing prostate cancer treatment side effects in gay and bisexual men – The side effects of treatment for prostate cancer with tips on how to cope
- Wellbeing: Maintaining wellbeing in gay and bisexual men with prostate cancer – How to deal with the practicalities of living with prostate cancer
The words listed below are used in this booklet, and likely to hear used by members of your healthcare team.

- **Adjuvant therapy or adjuvant treatment** – Treatment given after the primary treatment to increase the chances of a cure. In cancer, adjuvant treatment often refers to chemotherapy, hormonal therapy or radiotherapy after surgery, which is aimed at killing any remaining cancer cells.

- **Advanced prostate cancer** – Prostate cancer that has spread to surrounding tissue or has spread to other parts of the body.

- **Alternative therapy** – Therapy used instead of standard medical treatment. Most alternative therapies have not been scientifically tested, so there is little proof that they work and their side effects are not always known.

- **Brachytherapy** – A type of radiotherapy treatment that implants radioactive material sealed in needles or seeds into or near the tumour.

- **Cancer** – A term for diseases in which abnormal cells divide without control.

- **Chemotherapy** – The use of drugs, which kill or slow cell growth, to treat cancer. These are called cytotoxic drugs.

- **Clinical trial** – Research conducted with the person’s permission, which usually involves a comparison of two or more treatments or diagnostic methods. The aim is to gain a better understanding of the underlying disease process and/or methods to treat it. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment.

- **Complementary therapy** – Therapy used together with standard medical treatment. Examples include counselling, relaxation therapy, massage, acupuncture, yoga and meditation, aromatherapy, and art and music therapy.

- **Cultural engagement** – Actively involve people with respect to their cultural needs.

- **Erectile dysfunction** – Inability to achieve or maintain an erection firm enough for penetration.

- **External beam radiotherapy (EBRT)** – Uses x-rays directed from an external machine to destroy cancer cells.

- **Fertility** – Ability to have children.

- **Grade** – A score that describes how quickly the tumour is likely to grow.

- **Hormone** – A substance that affects how your body works. Some hormones control growth, others control reproduction. They are distributed around the body through the bloodstream.

- **Hormone therapy/treatment** – 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.

• **Locally advanced prostate cancer** – Cancer which has spread beyond the prostate capsule and may include the seminal vesicles but still confined to the prostate region.

• **Lymph nodes** – Also called lymph glands. Small, bean-shaped collections of lymph cells scattered across the lymphatic system. They get rid of bacteria and other harmful things. There are lymph nodes in the neck, armpit, groin and abdomen.

• **Metastatic prostate cancer** – Small groups of cells have spread from the primary tumour site and started to grow in other parts of the body – such as bones.

• **Multidisciplinary care** – A team approach to cancer treatment and planning.

• **Pelvic floor muscles** – The floor of the pelvis is made up of muscle layers and tissues. The layers stretch like a hammock from the tailbone at the back to the pubic bone in front. The pelvic floor muscles support the bladder and bowel. The urethra (urine tube) and rectum (anus) pass through the pelvic floor muscles.

• **Prognosis** – The likely outcome of a person’s disease.

• **Prostate cancer** – Cancer of the prostate, the male organ that sits next to the urinary bladder and contributes to semen (sperm fluid) production.

• **Prostate gland** – The prostate gland is normally the size of a walnut. It is located between the bladder and the penis and sits in front of the rectum. It produces fluid that forms part of semen.

• **Prostate specific antigen (PSA)** – A protein produced by cells in the prostate gland, which is usually found in the blood in larger than normal amounts when prostate cancer is present.

• **Quality of life** – An individual’s overall appraisal of their situation and wellbeing. Quality of life encompasses symptoms of disease and side effects of treatment, functional capacity, social interactions and relationships, and occupational functioning.

• **Radical prostatectomy** – A surgical operation that removes the prostate.

• **Radiotherapy or radiation oncology** – The use of radiation, usually x-rays or gamma rays, to kill tumour cells or injure them so they cannot grow or multiply.

• **Self-management** – An awareness and active participation by people with cancer in their recovery, recuperation, and rehabilitation, to minimise the consequences of treatment, promote survival, health and wellbeing.

• **Shared decision making** – Integration of a patient’s values, goals and concerns with the best available evidence about benefits, risks and uncertainties of treatment, in order to achieve appropriate health care decisions. It involves clinicians and patients making decisions about the patient’s management together.

• **Side effect** – Unintended effects of a drug or treatment.

• **Stage** – The extent of a cancer and whether the disease has spread from an original site to other parts of the body.
• **Standard treatment** – The best proven treatment, based on results of past research.

• **Support group** – People on whom an individual can rely for the provision of emotional caring and concern, and reinforcement of a sense of personal worth and value. Other components of support may include provision of practical or material aid, 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.

• **Survivorship** – In cancer, survivorship focuses on the health and life of a person with cancer beyond the diagnosis and treatment phases. Survivorship includes issues related to follow-up care, late effects of treatment, second cancers, and quality of life.

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

• **Urethra** – The tube that carries urine from the bladder, and semen, out through the penis and to the outside of the body.
Sources:


- Bolla, M., & Laramas, M. (2012). Combined hormone therapy and radiation therapy for locally advanced prostate cancer. Critical Reviews in Oncology/Hematology, 84(Supplement 1), e30–e34.


• Meade, B. J. (2010). So you have prostate cancer too! Melbourne: Michelle Anderson Publishing.


PCFA is a broad-based community organisation and the peak national body for prostate cancer in Australia. We are dedicated to reducing the impact of prostate cancer on Australian men, their partners, families and the wider community.

We do this by:

• Promoting and funding world leading, innovative research in prostate cancer
• Implementing awareness campaigns and education programs for the Australian community, health professionals and Government
• Supporting men and their families affected by prostate cancer, through evidence-based information and resources, support groups and Prostate Cancer Specialist Nurses.