



前列腺癌：繁體中文（香港）

Prostate cancer: Chinese Traditional (Hong Kong)

此小冊子是關於如何診斷和治療前列腺癌的。

如對本資訊有任何疑問，請向您接受治療的醫院內的癌症醫護團隊查詢。

您也可於致電麥克米倫癌症支援機構（Macmillan Cancer Support）的免費熱線：**0808 808 00 00**。我們有傳譯員，所以您可以使用您自己的母語與我們溝通。當您致電時，請以英語告知我們您所說的語言。

我們網站上有更多以此語言提供的癌症相關資訊。請瀏覽：

macmillan.org.uk/translations

您還可以閱讀這本小冊子的英文版本。

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前列腺

前列腺是一個跟核桃大小相約的小腺體。它隨著年齡的增長而變大。

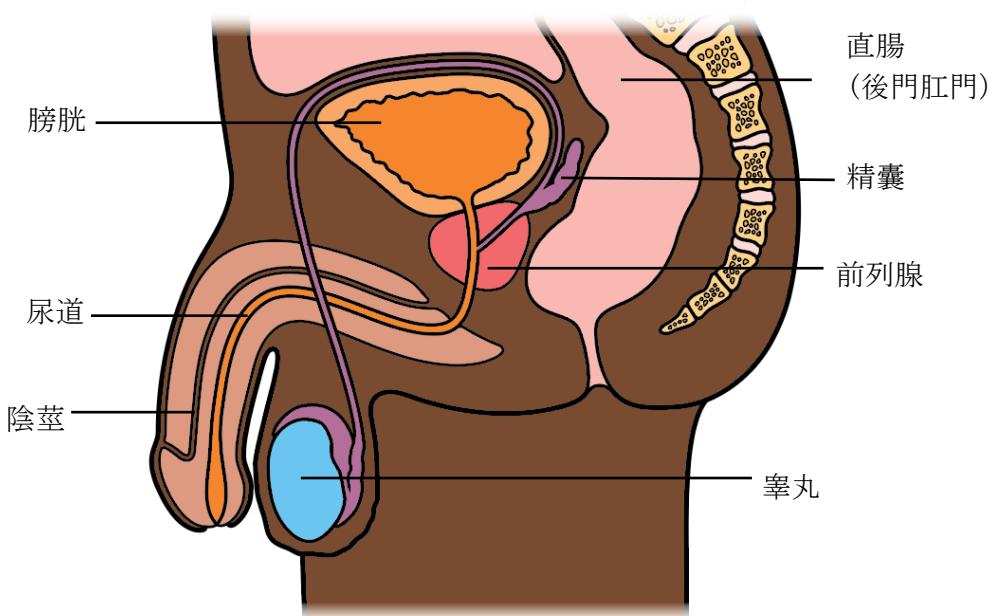
前列腺包圍着將尿液從膀胱輸送到陰莖的管道（尿道）的第一部分。

有前列腺的人群包括男性、跨性別女性和出生時被指定為男性的人。

如果您是一位跨性別女性，並且已經做了生殖器性別確認手術，作為您過渡的一部分，那麼您仍然會有前列腺。即使您不認同自己是男性，但出生時被指定為男性，仍需留意前列腺癌的風險。

如果您擔心患有前列腺癌或出現相關徵狀，請務必與您的全科醫生或護士討論。

男性生殖器官圖示



前列腺的功能是什麼？

前列腺分泌的液體與睾丸產生的精子混合，形成精液。在性行為過程中，肌肉組織有助於將前列腺液與精子推入尿道。

性荷爾蒙睾丸激素由睾丸產生。它控制前列腺的運作作用的方式。睾丸素負責產生性慾、勃起和肌肉發育等。

前列腺還會產生一種名為前列腺特異性抗原（PSA）的蛋白質。這有助於使精液變得更液態。

PSA 可以在血液檢查中測量度。當與其他檢測併用時，PSA檢測可協助醫師診斷前列腺癌。

前列腺癌

身體的所有部分都是由微小的細胞組成。當前列腺細胞以不受控制的方式生長時，就會發生前列腺癌就會發生。它們最終形成一個腫塊，稱為腫瘤。

有的些前列腺癌惡化生長緩慢，另一些有的則很快。

有時前列腺癌細胞會擴散到身體其他部位。

前列腺癌不具傳染性，不會傳染給他人。

誰可能罹患前列腺癌？

患上前列腺癌的風險隨年齡而增加。

在65歲以上的男性中更較為常見。在 50 歲以下的男性當中較少見。

我們目前仍然未知患癌的原因。但是某些風險因素會增加患癌的機率。黑人男性罹患前列腺癌的風險遠高於其他族群，且更可能在較年輕時就患上此病。

跨性別女性可能罹患前列腺癌，但目前尚無足夠證據得知此現象的發生率。

前列腺癌在某些家族中較為常見。若您擔心自己有罹患前列腺癌的風險，請諮詢您的醫生 (GP) 。

前列腺癌的分期和分級

癌症的分期是指腫瘤的大小，以及是否已經擴散。癌症的分級是指腫瘤可能的生長速度。

前列腺癌分為5個風險組別。風險群組是根據癌症分期、癌細胞分級及前列腺特異抗原 (PSA) 水平來評估的。醫師會根據風險分組來決定最適合您的治療方案。

前列腺癌通常分為以下幾期：

- **早期（局部化）前列腺癌** - 癌細胞僅存在於前列腺內部。
- **局部晚期前列腺癌** - 癌症已經擴散到前列腺周圍的組織
- **晚期（轉移性）前列腺癌** - 癌症已經擴散到身體的另一個部位，通常是骨骼。

與您的醫療團隊溝通

您通常會與您的癌症醫師腫瘤科醫生及專科護士會面，共同討論您的治療方案。他們會與您討論治療方案。您可能需要請一位家人或朋友陪同前往。

在做出任何決定之前，您需要盡可能多地了解情況。癌症治療可能很複雜。如果醫生說的話您聽不懂，請他們再解釋一次。

您的醫生或護士將說明如何控制任何治療副作用，以及您可採取哪些措施來管理應對這些副作用。他們也能告知您治療是否可能引發任何遲發性副作用，以及如何管理應對這些副作用。遲發性副作用是指不會消失，或在數月甚至數年後才出現的副作用。

您與您的醫生可以共同決定最適合您的治療方案。您可能需要與您的醫生或護士就您的治療方案進行一次以上的會面。

與您交談後，您的醫生將會要求您簽署一份表格，以表示您理解並同意接受相關治療，這份表格稱為「知情同意書」。只有獲得您的同意後，才會對為您進行治療。

您的醫院可以為您安排傳譯員。如果您需要傳譯員，請在預約之前告知您的護士。

詢問有關您的治療

- 我的診斷結果是甚麼意思？
- 甚麼是癌症的分期和分級？
- 我可以使用哪些治療方法？
- 每次項治療會帶來哪些益處、風險及副作用？
- 治療會對如何影響到我的日常生活？
- 我可以向誰傾訴我的感受？

前列腺癌的治療

您的治療將取決於多項因素，例如：

- 癌症的分期、分級與風險分組別
- 您的年齡和整體健康狀況
- 治療的好處和可能的副作用
- 您對可選治療方法的看法。

早期（局部化性）前列腺癌

早期前列腺癌的治療方法包括：

- 積極監測
- 切除前列腺的外科手術（前列腺切除術）
- 放射治療（Radiotherapy）
- 觀察與等待（觀察等待治療）
- 荷爾蒙療法。

您的癌症醫療團隊會就這方面與您傾談。您將與醫療團隊共同決定最適合您的治療方案。

局部晚期前列腺癌

局部晚期前列腺癌最常見的治療方式包括：

- 放射治療（Radiotherapy）
- 荷爾蒙療法
- 觀察與等待（觀察等待治療）。

對於局部晚期前列腺癌，通常不會進行前列腺切除手術。若您排尿困難，可接受手術以協助您更順暢地排尿。

您的癌症醫療團隊將與您討論可能的治療方案，並共同決定最適合您的治療方式。

晚期（轉移性）前列腺癌

癌症已擴散至身體的另一部位，通常是骨骼。晚期前列腺癌的治療方式包括：

- 荷爾蒙療法
- 化療（Chemotherapy）
- 放射治療。

晚期前列腺癌可能引發諸如疼痛或腸道與膀胱功能障礙等徵狀。控制徵狀的方法有很多。您的醫生可以向您提供不同的藥物，幫助紓緩徵狀。如果您的徵狀沒有改善，請務必告訴您的醫生。

主動監測

主動監測意味著您可以避免或延遲治療及其副作用。只有在癌症不斷惡化的情況下，您才會接受治療。主動監測只適用於患上惡化速度緩慢的早期前列腺癌。

您的醫療團隊將安排定期檢查。這些檢查包括PSA（前列腺特異性抗原）血液檢測和MRI（磁力共振）。您的醫療團隊會告訴您多久需要做一次。若癌症出現變化，您可能需要接受MRI掃描。通常只有在出現癌症可能正在生長的跡象時，才需要進行前列腺切片檢查（又稱活檢）。

若癌細胞開始加速生長或當您出現症狀，您的醫師將提供治療方案以嘗試治癒癌症。

手術

切除前列腺的手術稱為前列腺切除術。手術的目的是清除所有的癌細胞。該手術通常只在癌症尚未擴散到前列腺以外的部位時才會進行。

手術的方法有多種：

- **腹腔鏡前列腺切除術（微創手術）** – 您的外科醫生在您的腹部開四到五個小切口（每個約1厘米）。他們用特殊器械穿過這些小切口，切除前列腺。
- **機器人輔助腹腔鏡前列腺切除術** – 外科醫生通過機械臂控制機器。它可以非常精確地移動。
- **開放性前列腺切除術** – 外科醫生在腹部開一個較大切口。透過切口切除整個前列腺。有時，他們透過陰囊和肛門之間的一個切口來切除前列腺。

您的醫生會與您討論他們認為對您最好的手術及其可能的副作用。

手術的主要可能副作用包括：

- 尿漏尿問題（尿小便失禁）
- 陰莖勃起或保持勃起的問題（勃起功能障礙）
- 不育症 – 手術後您將無法再生育。如果您想要孩子，可以在手術前儲存精子。請與您的癌症治療團隊討論此事。

放射治療

放射治療使用高能 X 光摧毀癌細胞。接受放射治療有多種不同方式。

放射治療通常透過機器從體外進行。這稱為體外放射治療。施行體外放射治療的方式有多種。這意味著，您到醫院接受治療後可並且在當天回家。有時放射治療可透過將放射性物質置入體內來進行。

有時放射治療可透過將放射性物質置入體內來實施。這被稱為內部放射治療或近距離放射治療。僅適用於早期或局部晚期前列腺癌。

接受放射治療有兩種不同方式：

- 微型放射性種子被植入前列腺，並永久地留置於該處。
- 在前列腺裡置入細管。放置在前列腺的細管會連接到一部機器，在設定的時間內，機器將放射性物質送入管中。

放射治療可能引起一些副作用。這些包括：

- 如果您的皮膚為淺色，治療部位的皮膚可能會變紅，如果是深色的，那麼治療部位的皮膚可能變得更深。
- 可能會出現尿頻或尿急情況。
- 您可能會出現水樣或稀便（腹瀉）、脹氣及腹痛。
- 接受放射治療後2到5年可能出現勃起問題。

請告知您的癌症醫療團隊您出現的任何副作用。

放射治療可用於治療晚期前列腺癌的徵狀，如骨骼疼痛。

我們網站有更多繁體中文版本的放射治療資訊。請瀏覽：

[macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

荷爾蒙療法

激素睾丸素會促使前列腺生長。荷爾蒙激素療法可以降低體內睪酮丸激素水平，或阻斷睪酮丸激素。給藥方式可以是藥片或注射。

您可能會在放射治療之前、期間和之後接受荷爾蒙治療。這可以讓放射治療效果更佳。在放射治療後您可能最多接受3年的荷爾蒙治療，以降低癌症復發的風險。

若您身體狀況不佳，或不願接受手術或放射治療，可選擇單獨進行荷爾蒙療法。

若您正在接受觀察等待，而癌細胞開始生長時，您也可以接受荷爾蒙療法。

荷爾蒙療法是晚期前列腺癌的主要治療方法。它可以：

- 令腫瘤縮小
- 減緩腫瘤生長惡化
- 減輕癌症帶來的徵狀。

荷爾蒙療法會產生一些副作用。包括：

- 潮熱和盜汗
- 勃起困難與難以維持勃起
- 疲倦
- 情緒變化
- 體重增加。

觀察與等待(觀察等待治療)

您與您的癌症醫療團隊可能決定暫緩開始任何治療。這叫做「觀察等待治療」。若出現以下情況，您的醫生可能會與您討論「觀察等待」方案：

- 您的健康狀況尚不適合接受放射治療或手術
- 您有其他健康問題，導致治療變得困難。

如果沒有跡象表明腫瘤快速長大，那麼繼續觀察等待治療是安全的。如果您出現了徵狀，您的醫生通常會建議您接受激素療法。您需要定期見您的醫生（通常是您的全科醫生/GP）進行體檢。

早期前列腺癌的其他治療方式

一些早期前列腺癌可以用 冷凍療法或HIFU ((高強度聚焦超音波)治療。當前列腺僅存在一小片癌變區域時，可採用這些治療方式。有時他們可能會治療整個前列腺。

冷療法使用一種冷氣體來冷凍和摧毀癌細胞。氣體透過細針穿過陰囊後面的區域。

HIFU 利用熱量摧毀癌細胞。醫生將一根探針插入直腸。探頭產生高能超聲波束，將熱量傳遞到患病區域。

化療

化療是指使用抗癌藥物破壞癌細胞。通常只用於治療已經擴散到身體其他部位的前列腺癌。可以與荷爾蒙療法同時進行。護士會把化療藥物注入靜脈（靜脈注射）。

化療藥物可能會引起副作用。這取決於您接受的是哪種化療藥物。副作用包括：

- 變得更易受到感染
- 感覺疲憊
- 感覺噁心或想嘔吐
- 口腔潰瘍
- 脫髮。

您的癌症醫療團隊會向您解釋您可能會出現的副作用，以及控制應對副作用的方法。大部份的副作用都可以用藥物來控制。化療結束後，多數副作用會逐漸消失。

我們網站有更多繁體中文版本的化療資訊。請瀏覽：macmillan.org.uk/translations

應對治療副作用

治療前列腺癌會造成一些困難和令人不安的副作用。您的醫生會向您解釋可能出現的副作用。

並非每個人都會有這些副作用。這取決於您的治療方法。

可能的副作用包括：

- **性功能問題**-可能不想性交，或者很難勃起或保持勃起。這就是所謂的勃起功能障礙（ED）。您的醫生或護士會給為您提供建議。有些藥物或其他治療可應對勃起功能障礙。
- **膀胱問題**-您可能出現尿頻或漏尿（小便失禁）。您的醫生或護士可以與您討論如何幫助解決這些問題。
- **潮熱和出汗**-隨著您的身體適應荷爾蒙療法，這些徵狀可能會減少。
- **乳房腫脹或壓痛**-某些荷爾蒙治療藥物可能會導致這種徵狀。為預防此情況發生，您可能在治療前接受胸部放射治療。或者您的醫生可能會開立一種名為他莫昔芬的荷爾蒙藥物，以減輕乳房腫脹。
- **體重增加（尤其是身體中部）和肌肉力量的喪失**-常運動和健康均衡的飲食有助於解決這個問題。
- **骨頭變薄（骨質疏鬆症）**-期荷爾蒙治療更有可能導致該這個問題。經常進行負重運動，如散步、跳舞、遠足或輕度的舉重可以幫助保持骨骼健康。

應對副作用的方法有多種。請務必和您的醫生或護士報告出現的副作用。

其他副作用包括疲倦感與情緒變化。我們網站有更多繁體中文版本的資訊。

請瀏覽：macmillan.org.uk/translations

麥克米倫如廁卡

如果您擔心需要緊急使用廁所，這可能會讓您不敢外出。攜帶一張免費的麥克米倫廁所卡可能會有所幫助。您可以在商店、辦公室和咖啡店等地方出示這張卡片。我們希望此卡能幫助您使用廁所，但可能並非所有地方都接受。

此卡僅提供英文版本，上面寫著：「由於我的癌症治療，我需要緊急使用廁所。請問您能幫忙嗎？」

您可致電我們的麥克米倫支援熱線 **0808 808 00 00**，獲取卡片。

您也可以在 orders.macmillan.org.uk 網上訂購。

您也可以使用無障礙廁所。這些廁所設有洗手盆和換衣服的空間。無障礙廁所有時候會上鎖。您可以從[英國殘疾人權利組織（Disability Rights UK）](https://disabilityrightsuk.org) 購買一把鑰匙。

跟進覆診

在完成治療後，您將需要定期接受檢查和測試。這些檢查和測試可能持續數年，但隨著時間慢慢減少。

若您於覆診之間察覺到新徵狀，請盡快告知您的全科醫生或癌症治療團隊。

您的感受

當您獲悉患有癌症時，可能會感到不知所措，心情複雜。感受沒有對錯之分。有很多方法可以應對您的情緒。與親朋好友交談可能會有所幫助。或者向您的醫生或護士尋求協助。

為您提供合適的護理與支援

若您患有癌症並且不會說英語，您可能會擔心因此影響您的癌症治療和護理。但是您的醫療團隊會為您提供切合您需要的護理、支援和資訊。

我們明白，有時人們在獲取適當的支援方面或會面對額外挑戰。例如，若您有工作或家庭，或許會為金錢與交通費煩惱。以上種種都會讓人雪上加霜，難於應對。

麥克米倫（Macmillan）能夠如何幫助您

在麥克米倫（Macmillan），我們知道癌症確診後會如何影響您的各方面生活，我們會隨時為您提供支援。

麥克米倫（Macmillan）支援熱線。

我們有傳譯員，所以您可以使用您的母語與我們溝通。您只需用英語告訴我們您希望使用哪種語言即可。

我們的熱線專業顧問可協助解答醫療問題，亦可傾聽您的心聲。我們亦可與您討論您財務上的困擾經濟憂慮，並推薦其他可提供幫助的有用機構。此免費保密熱線的服務時間為每星期7天，每日上午8時至晚上8時提供。請致電 **0808 808 00 00** 聯絡我們。

麥克米倫（Macmillan）網站

我們網站設有大量關於癌症的英文資訊。您也可以在

[macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

上找到更多其他語言的資訊。

我們亦可視需要為您安排專屬的翻譯服務。發送電郵至

informationproductionteam@macmillan.org.uk 告知我們您的需求。

資訊中心

我們的資訊及支援中心設於醫院、圖書館及流動服務中心點。您可以前往任何一個中心，獲取您需要的資訊，並與工作人員面對面交談。瀏覽

[macmillan.org.uk/informationcentres](https://www.macmillan.org.uk/informationcentres) 或致電：**0808 808 00 00** 查找離您最近的中心。

本地支援小組

在支援小組，您可與其他癌症患者交流。請瀏覽 [macmillan.org.uk/supportgroups](https://www.macmillan.org.uk/supportgroups) 查閱您所在地區之支援團體資訊，或致電 **0808 808 00 00**。

麥克米倫（Macmillan）網上社群

您亦可以瀏覽 [macmillan.org.uk/community](https://www.macmillan.org.uk/community) 與其他受癌症影響的人交流。

不論白天或晚上，您都可以在任何時間造訪該網站。您可分享經驗、提出問題或瀏覽他人的貼文。

更多繁體中文資訊

我們提供更多有關下列主題的繁體中文資訊：

癌症的徵兆與徵狀

- 徵兆及徵狀卡

若您被診斷患有癌症

- 英國的癌症護理
- 難民和尋求庇護人士的醫療保健
- 若您被診斷患有癌症

癌症類型

- 腸癌
- 乳癌
- 子宮頸癌
- 肺癌
- 前列腺癌

癌症治療

- 化療
- 放射治療
- 敗血症和癌症
- 癌症治療的副作用
- 手術

與癌症共存

- 患癌症時如何申領福利
- 飲食問題與癌症
- 健康飲食
- 當您患有癌症時可在繳付費用時獲得的授幫助
- LGBTQ+ 人士與癌症
- 疲憊（疲勞）與癌症

生命末期

- 生命末期

欲查閱該資訊，請瀏覽 [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

如需進一步協助以理解資訊，請瀏覽 [macmillan.org.uk/understandinginformation](https://www.macmillan.org.uk/understandinginformation)

參考文獻與致謝

本資訊小冊子由麥克米倫癌症支援助機構（Macmillan Cancer Support）癌症資訊開發團隊編寫和編輯。經專業翻譯。

所包含的資訊是根據我們網站上的英文版的前列腺癌內容撰寫。

本資訊小冊子已由相關專家審核，並獲麥克米倫（Macmillan）臨床專業中心或其他高級臨床醫生及或專家批核准。

同時感謝審閱本資訊小冊子的癌症患者。

我們所有資訊的依據都是來自最佳的證據。如欲進一步了解我們使用的資料來源，請聯絡我們：informationproductionteam@macmillan.org.uk

內容審閱：2025

下次預計審閱：2028

MAC15138_Chinese Traditional (Hong Kong)_E03

我們竭盡所能確保我們提供的資訊為準確的最新資訊，惟切勿以有關資訊來替代針對您的病況所提出的專業建議。在法律允許的範圍內，麥克米倫（Macmillan）不承擔與使用本出版物中的任何資訊或其中包含或提及的第三方資訊或網站相關的責任。

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Prostate cancer: English

This information is about how prostate cancer is diagnosed and treated.

If you have any questions about this information, ask your cancer team at the hospital where you are having treatment.

You can also call Macmillan Cancer Support on freephone **0808 808 00 00**, 7 days a week, 8am to 8pm. We have interpreters, so you can speak to us in your own language. When you call us, please tell us in English which language you need.

There is more cancer information in this language on our website. Visit

macmillan.org.uk/translations

This information is about:

- The prostate
- Prostate cancer
- Stages and grades of prostate cancer
- Talking to your healthcare team
- Treatment for prostate cancer
- Follow up
- Your feelings
- Getting the right care and support for you
- How Macmillan can help you
- More information in your language
- References and thanks

The prostate

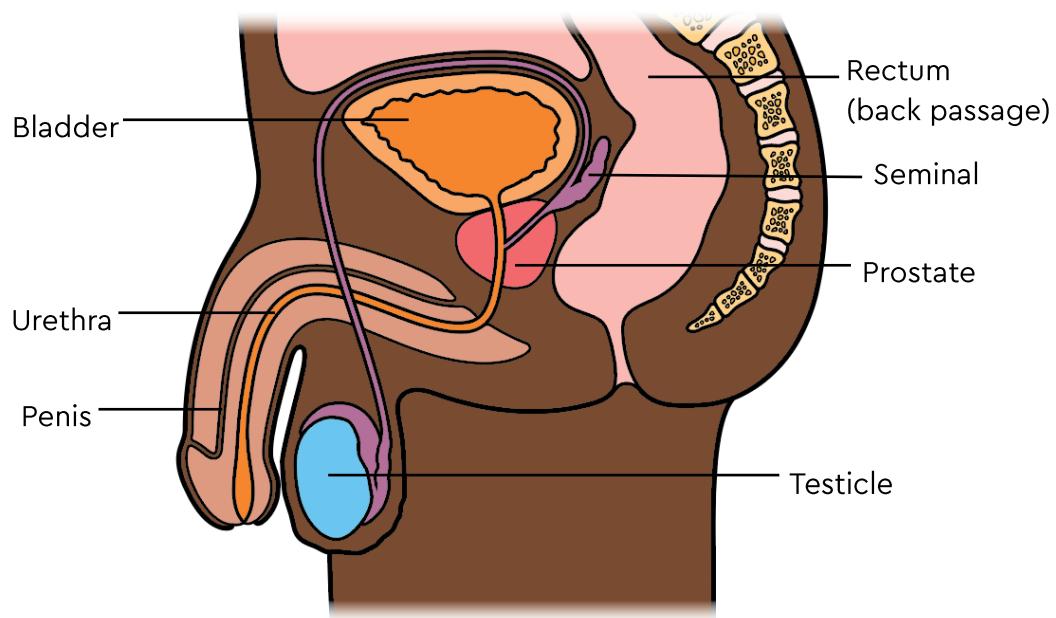
The prostate is a small gland about the size of a walnut. It gets bigger with age. The prostate surrounds the first part of the tube (urethra) that carries urine from the bladder to the penis.

People who have a prostate include men, transgender (trans) women and people assigned male at birth.

If you are a trans woman and have had genital gender affirming surgery as part of your transition, you will still have a prostate. If you do not identify as a man but were assigned male at birth, you still need to be aware of prostate cancer.

It is important to talk to your GP or nurse if you are worried about prostate cancer or have symptoms.

Illustration of male reproductive organs



What does the prostate do?

The prostate makes a fluid that mixes with sperm from the testicles to make semen. During sex, muscle tissue helps force prostate fluid and sperm into the urethra.

The sex hormone testosterone is made by the testicles. It controls how the prostate works. Testosterone is responsible for things like your sex drive, getting an erection, and muscle development.

The prostate also makes a protein called prostate-specific antigen (PSA). This helps to make semen more liquid.

PSA can be measured in a blood test. When it is used with other tests the PSA test can help doctors diagnose prostate cancer.

Prostate cancer

All parts of the body are made up of tiny cells. Prostate cancer happens when cells in the prostate grow in an uncontrolled way. They eventually form a lump called a tumour.

Some prostate cancers grow slowly but other prostate cancers grow faster.

Sometimes prostate cancer cells spread outside the prostate to other parts of the body.

Prostate cancer is not infectious and cannot be passed on to other people.

Who can get prostate cancer?

The risk of prostate cancer increases as you get older.

It is more common in men over 65. It is much less common in men under 50.

We do not know what causes it. But certain risk factors may increase the chances of getting it. Black men have a much higher risk of developing prostate cancer and are more likely to get it at a younger age.

Transgender women can develop prostate cancer, but there is not enough evidence to know how common this is.

Prostate cancer is more common in some families. Talk to your doctor (GP) if you are worried about your risk of prostate cancer.

Stages and grades of prostate cancer

The stage of a cancer means how big it is and if it has spread. The grade of a cancer is how quickly the cancer may grow.

Prostate cancer is divided into 5 risk groups. The risk group is worked out using the stage of the cancer, the grade of the cancer and the PSA level. Doctors use the risk group to decide the best treatment for you.

Prostate cancer is often divided into these stages:

- **Early (localised) prostate cancer** – the cancer cells are only inside the prostate.
- **Locally advanced prostate cancer** – the cancer has spread into the tissues around the prostate.
- **Advanced (metastatic) prostate** cancer – the cancer has spread to another part of the body, usually to the bone

Talking to your healthcare team

You usually meet with your cancer doctor and specialist nurse to talk about your treatment options. They will talk to you about your treatment plan. You may want to ask a family member or friend to come with you.

You need to know as much as possible before you can make any decisions. Cancer treatments can be complex. If the doctor says something you do not understand, ask them to explain it again.

Your doctor or nurse will explain how any treatment side effects can be controlled and what you can do to manage them. They can also tell you if your treatment is likely to cause any late effects and how these can be managed. Late effects are side effects that do not go away, or develop months or years later.

You and your doctor can decide together on the best treatment plan for you. You may need more than one meeting with your doctor or nurse to talk about your treatment plan.

After talking with you, your doctor will ask you to sign a form to show that you understand and agree to the treatment. This is called a consent form. You will not have any treatment unless you have agreed to it.

Your hospital can arrange an interpreter for you. If you need an interpreter, it is important to tell your nurse before your appointment.

Questions to ask about your treatment

- What does my diagnosis mean?
- What is the stage and grade of the cancer?
- What treatments are available?
- What are the benefits, risks and side effects of each treatment?
- How will the treatment affect my daily life?
- Who can I talk to about how I am feeling?

Treatment for prostate cancer

Your treatment will depend on factors, such as:

- the stage, grade and risk group of the cancer
- your age and general health
- the benefits of treatment and possible side effects
- what you think about the available treatments.

Early (localised) prostate cancer

Treatments for early prostate cancer include:

- active surveillance
- an operation (surgery) to remove the prostate (prostatectomy)
- radiotherapy
- watch and wait (watchful waiting)
- hormonal therapy.

Your cancer team will talk to you about possible treatments. Together you will decide on the best treatment for you.

Locally advanced prostate cancer

The most common treatments for locally advanced prostate cancer are:

- radiotherapy
- hormonal therapy
- watch and wait (watchful waiting).

Surgery to remove the prostate is not often done for locally advanced prostate cancer. If you are having difficulty passing urine, you may have an operation to help you pass urine more easily.

Your cancer team will talk to you about possible treatments and you can decide together the best treatment for you.

Advanced (metastatic) prostate cancer

The cancer has spread to another part of the body, usually to the bones.

Treatments for advanced prostate cancer include:

- hormonal therapy
- chemotherapy
- radiotherapy.

Advanced prostate cancer can cause symptoms such as pain or bowel and bladder problems. There are lots of ways to control symptoms. Your doctor can give you different drugs or medicines to help with symptoms. Always tell your doctor if symptoms do not improve.

Active surveillance

Active surveillance means you can avoid or delay treatment and its side effects. You will only have treatment if the cancer is growing. Active surveillance is only suitable if you have early prostate cancer that is low risk.

Your healthcare team will arrange regular tests. These include PSA (prostate specific antigen) blood tests and MRI scans. Your healthcare team can tell you how often you might need tests. You may have an MRI scan if the cancer changes. You usually only need a prostate biopsy if there are any signs the cancer may be growing.

If the cancer starts to grow more quickly or you get symptoms, your doctors will offer you treatment to try to cure the cancer.

Surgery

Surgery to remove the prostate is called a prostatectomy. This operation aims to get rid of all of the cancer cells. It is usually only done when the cancer has not spread outside the prostate gland.

There are different ways this can be done:

- **Laparoscopic prostatectomy (keyhole surgery)** – the surgeon makes 5 or 6 small cuts, about 1cm each, in your tummy area (abdomen). They remove the prostate using special instruments that are put through the small cuts.
- **Robotic-assisted laparoscopic prostatectomy** – the surgeon controls a machine with robotic arms. It can move very precisely.
- **Open prostatectomy** – the surgeon makes one larger cut in the tummy area (abdomen). The whole prostate is removed through the cut. Sometimes they remove the prostate through a cut in the area between the scrotum and the anus.

Your doctor will discuss the operation they think is best for you and its possible side effects.

The main possible side effects of surgery are:

- problems with urine leaking (urinary incontinence)
- problems getting or keeping erections (erectile dysfunction)
- infertility – after the operation you will no longer be able to have children. If you want children, it may be possible to store sperm before your operation. Speak to your cancer team about this.

Radiotherapy

Radiotherapy uses high-energy x-rays to destroy cancer cells. There are different ways of having radiotherapy. It is often given from outside the body by a machine. This is called external beam radiotherapy. There are different ways of giving external beam radiotherapy. You usually have external beam radiotherapy as an outpatient. This means you come to hospital for treatment and then go home again that day.

Sometimes radiotherapy can be given by placing a radioactive material inside the body. This is called internal radiotherapy or brachytherapy. It is only used for early or locally advanced prostate cancer.

There are two ways of having it:

- Small radioactive seeds are placed in the prostate and stay there permanently.
- Thin tubes are placed in the prostate. These are attached to a machine that sends radioactive material into the tubes for a set time.

Radiotherapy can cause some side effects. These include:

- The skin in the treated area may become red, if you have white skin, or darker, if you have dark skin.
- You may need to pass urine more often or urgently.
- You may have watery or loose poo (diarrhoea), wind and tummy pain.
- You may develop problems getting an erection 2 to 5 years after radiotherapy.

Tell your cancer team about any side effects you may have.

Radiotherapy may be used to treat symptoms of advanced prostate cancer, such as pain in the bones.

We have more information about radiotherapy in your language on our website. Visit [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

Hormonal therapy

The hormone testosterone makes prostate cancer grow. Hormonal therapies either reduce testosterone levels in the body or block testosterone. They can be given as tablets or injections.

You may have hormonal therapy before, during and after radiotherapy. It makes radiotherapy work better. You may have it for up to 3 years after radiotherapy to reduce the risk of the cancer coming back.

If you are not well enough, or do not want to have, surgery or radiotherapy, you may have hormonal therapy on its own.

You may also have hormonal therapy if you are having watchful waiting and the cancer starts to grow.

Hormonal therapy is the main treatment for advanced prostate cancer. It can:

- shrink the cancer
- slow its growth
- reduce the symptoms of cancer.

There are some side effects of hormonal therapy. These include:

- hot flushes and sweats
- difficulty getting and keeping an erection
- tiredness
- mood changes
- weight gain.

Watch and wait (watchful waiting)

Along with your cancer team, you may decide to wait before starting any treatment. This is called watchful waiting. Your doctor may talk to you about watchful waiting if:

- you are not well enough to have radiotherapy or surgery
- you have another medical condition that makes treatment difficult.

If there is no sign the cancer is growing more quickly, it is safe to continue with watchful waiting. If you develop symptoms your doctor will usually talk to you about having hormonal therapy. You need to see your doctor, usually your GP, regularly for check-ups.

Other treatments for early prostate cancer

Some early prostate cancers may be treated with cryotherapy or HIFU (High intensity focused ultrasound) treatment. These treatments can be used when there is only one small area of cancer in the prostate. Sometimes they may treat the whole prostate.

Cryotherapy uses a cold gas to freeze and destroy cancer cells. The gas is passed through thin needles that are passed through the area behind your scrotum.

HIFU uses heat to destroy cancer cells. The doctor passes a probe into your back passage (rectum). The probe produces a high energy beam of ultrasound which delivers heat to affected area.

Chemotherapy

Chemotherapy uses anti-cancer drugs to destroy cancer cells. It is only used to treat prostate cancer that has spread to other parts of the body. It can be given with hormonal therapy. A nurse will give you the chemotherapy drugs into a vein (intravenously).

Chemotherapy drugs can cause side effects. These depend on which chemotherapy drug you are given. They include:

- being more likely to get an infection
- feeling tired
- feeling sick or being sick
- a sore mouth
- hair loss.

Your cancer team will talk to you about the side effects you may have and how to manage them. Most side effects can be controlled with drugs. Most side effects go away when chemotherapy is over.

We have more information about chemotherapy in your language on our website. Visit [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

Coping with treatment side effects

Treatments for prostate cancer can cause some difficult and upsetting side effects. Your doctor will explain the side effects you are likely to have. Not everyone gets all these side effects. It depends on the treatment you have.

Possible side effects could be:

- **Sexual problems** – you may not want to have sex or find it hard to get or keep an erection. This is called erectile dysfunction (ED). Your doctor or nurse can give you advice. There are drugs and other treatments that can help with this.
- **Bladder problems** – you may need to pass urine more often or have some urine leaking (incontinence). Your doctor or nurse can talk to you about what can help.
- **Hot flushes and sweats** – these may reduce as your body gets used to hormonal treatment.
- **Breast swelling or tenderness** – some hormonal therapy drugs may cause this. You may be given radiotherapy to the chest before treatment to prevent this. Or your doctors may give you a hormonal drug called tamoxifen to reduce breast swelling.
- **Weight gain (especially around the middle) and loss of muscle strength** – regular physical activity and a healthy, balanced diet can help to manage this.
- **Bone thinning (osteoporosis)** – this is more likely with long-term hormonal treatment. Regular weight-bearing exercises such as walking, dancing, hiking or gentle weight-lifting can help keep your bones healthy.

There are different ways these can be managed. Always talk to your doctor or nurse about side effects.

Other side effects include tiredness and mood changes. We have more information about side effects in your language on our website.

Visit [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

Macmillan toilet card

You may worry about going out if you need to use a toilet urgently. It may help to carry a free Macmillan toilet card. You can show this in places such as shops, offices and cafes. We hope it will help you get access to a toilet but it may not work everywhere.

The card is only available in English and reads 'Due to my cancer treatment I need urgent access to a toilet. Please can you help?'

You can get one by calling our Macmillan Support Line on **0808 808 00 00**. Or you can order one at orders.macmillan.org.uk

You can also use disabled toilets. They have a wash basin and space to change your clothes. Disabled toilets are sometimes locked. You can buy a key from [Disability Rights UK](https://disabilityrightsuk.org).

Follow up

After your treatment has finished, you will have regular check-ups and tests. These may continue for several years but will happen less often over time.

If you notice any new symptoms between check-ups, tell your GP or cancer team as soon as possible.

Your feelings

You may feel overwhelmed when you are told you have cancer and have many different emotions. There is no right or wrong way to feel. There are many ways to cope with your emotions. Talking to a close friend or relative may help. Your doctor or nurse can help too.

Getting the right care and support for you

If you have cancer and do not speak English, you may be worried that this will affect your cancer treatment and care. But your healthcare team should offer you care, support and information that meets your needs.

We know that sometimes people may have extra challenges in getting the right support. For example, if you work or have a family you might also have worries about money and transport costs. All of this can be stressful and hard to cope with.

How Macmillan can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

Macmillan Support Line

We have interpreters, so you can speak to us in your language. Just tell us, in English, the language you want to use.

Our expert advisers on the Macmillan Support Line can help with medical questions or be there to listen if you need someone to talk to. We can also talk to you about your money worries and recommend other useful organisations that can help. The free, confidential phone line is open 7 days a week, 8am to 8pm. Call us on **0808 808 00 00**.

Macmillan website

Our website has lots of information in English about cancer. There is also more information in other languages at [**macmillan.org.uk/translations**](https://macmillan.org.uk/translations)

We may also be able to arrange translations just for you. Email [**informationproductionteam@macmillan.org.uk**](mailto:informationproductionteam@macmillan.org.uk) to tell us what you need.

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. Find your nearest centre at [**macmillan.org.uk/informationcentres**](https://macmillan.org.uk/informationcentres) or call us on **0808 808 00 00**.

Local support groups

At a support group, you can talk to other people affected by cancer. Find out about support groups in your area at [**macmillan.org.uk/supportgroups**](https://macmillan.org.uk/supportgroups) or call us on **0808 808 00 00**.

Macmillan Online Community

You can also talk to other people affected by cancer online at [**macmillan.org.uk/community**](https://macmillan.org.uk/community)

You can access it at any time of day or night. You can share your experiences, ask questions, or just read people's posts.

More information in your language

We have information in your language about these topics:

Signs and symptoms of cancer

- Signs and symptoms cards

If you are diagnosed with cancer

- Cancer care in the UK
- Healthcare for refugees and people seeking asylum
- If you are diagnosed with cancer

Types of cancer

- Bowel cancer
- Breast cancer
- Cervical cancer
- Lung cancer
- Prostate cancer

Treatment for cancer

- Chemotherapy
- Radiotherapy
- Sepsis and cancer
- Side effects of cancer treatment
- Surgery

Living with cancer

- Claiming benefits when you have cancer
- Eating problems and cancer
- Healthy eating
- Help with costs when you have cancer
- LGBTQ+ people and cancer
- Tiredness (fatigue) and cancer

End of life

- End of life

To see this information, go to macmillan.org.uk/translations

For more support to understand information, go to

macmillan.org.uk/understandinginformation

References and thanks

This information has been written and edited by Macmillan Cancer Support's Cancer Information Development team. It has been translated professionally.

The information included is based on our prostate cancer content available in English on our website.

This information has been reviewed by relevant experts and approved by members of Macmillan's Centre of Clinical Expertise or other senior clinicians or experts.

Thanks also to the people affected by cancer who reviewed this information.

All our information is based on the best evidence available. For more information about the sources we use, please contact us at

informationproductionteam@macmillan.org.uk

Content reviewed: 2025

Next planned review: 2028

MAC15138_English_E03

We make every effort to ensure that the information we provide is accurate and up-to-date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. As far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication or third-party information or websites included or referred to in it.

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