

Treating Prostate Cancer - A Quick Guide



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This is a brief summary of the information on 'Treating prostate cancer' from CancerHelp UK. You will find more detailed information on the website.

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The stages of prostate cancer

The stage of a cancer tells the doctor how far the cancer has spread. It is important because knowing the stage helps doctors decide the best treatment.

You may hear your doctor talk about your cancer stage as 'TNM'. This stands for Tumour, Nodes and Metastases. It is a

detailed way of staging that tells the doctor the size of the tumour, whether there is cancer in nearby lymph nodes and whether it has spread anywhere else in the body.

Prostate cancer also has four basic number stages 1 to 4. On CancerHelp UK there is more detailed information about the 'T', 'N' and 'M' stages and the number stages of prostate cancer.

How prostate cancer spreads

Prostate cancer tends to spread to the bones rather than any other organs. With prostate cancer, it is sometimes possible for there to be metastases (cancer spread) present even when the prostate tumour is still very small.

Prostate cancer statistics and outlook

Outlook means your chances of getting better. Your doctor may call this your prognosis. It is difficult to work out prognosis for prostate cancer. This is because there are different factors that affect how the prostate cancer will grow. So it is very important that you talk to your cancer specialist about your likely prognosis. The main factors affecting the outcome of your cancer are the stage, the Gleason score and the PSA level.



On CancerHelp UK, we have quite detailed information about the likely outcome of different stages of prostate cancer. The statistics we use are taken from a variety of sources, including the opinions and experience of the experts who check every section of CancerHelp UK. They are intended as a general guide only. For the more complete picture in your case, you'd have to speak to your own specialist.

How reliable are cancer statistics?

No statistics can tell you what will happen to you. Your cancer is unique. The same type of cancer can grow at different rates in different people. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

Factors in deciding treatment for prostate cancer

Your doctor will consider a number of factors when deciding on treatment for prostate cancer. These include

- How far your cancer has grown and spread (the stage)
- How the cells look under the microscope (the grade)
- Your Gleason score
- Your PSA blood test
- Your age and general health

The stage tells your doctor the size of the tumour and how far it has grown. The treatment choices for a cancer that is small and completely inside the prostate gland will be different to those for a cancer that has grown outside the prostate.

Your doctor will determine your cancer's grade by looking at your cancer cells under a microscope. Generally speaking, low grade cancers tend to grow more slowly and be less likely to spread than high grade cancers.

It is important for you and your doctor to talk through which would be the best treatment for you and your individual circumstances.

Risk factors in localised prostate cancer

Localised prostate cancer is prostate cancer that is only in the prostate gland and has not spread to another part of the body. Doctors divide these cancers into risk groups. Low risk prostate cancers are unlikely to grow or spread for many years. Medium risk cancers are unlikely to grow or spread for a few years. High risk cancers may grow or spread within a few years. Doctors use the risk group you fall into to help them decide which treatments may be best for you.

Choices of treatment for prostate cancer

Your doctor will discuss the possible side effects and benefits of each treatment.

Low risk localised prostate cancer is very unlikely to grow or develop for many years. You are likely to be offered active monitoring (also called active surveillance) to monitor the cancer and see whether it begins to develop. This is because your prostate cancer may be so slow growing that it never causes any symptoms. If the cancer starts to develop, your doctor will offer you treatment with surgery to remove the prostate gland or radiotherapy.



Men with intermediate risk localised prostate cancer are likely to be offered treatment with surgery to remove the prostate gland or external radiotherapy. Or you may be offered active monitoring or internal radiotherapy. Men who have high risk localised prostate cancer are usually offered treatment with surgery to remove the prostate gland or external radiotherapy to the prostate.

If the cancer has broken through the capsule surrounding the prostate gland, this is called locally advanced prostate cancer. Surgery or radiotherapy may be combined with a course of hormone treatment.

If prostate cancer comes back after your initial treatment, you may have hormone therapy. If you had surgery as your initial treatment, you may have radiotherapy. If your prostate cancer has spread, it cannot be cured. But it can be controlled by lowering the level of testosterone in the body with hormone therapy. Bisphosphonate treatment can help to reduce pain and fractures if the cancer has spread into the bone.

What to ask your doctor about treatment for prostate cancer

- Is my cancer slow enough for 'watch and wait', or should I have treatment straight away?
- What treatment is best in my case?
- Why are you recommending it?
- What is the treatment aiming to achieve?
- What are the benefits and the risks (or side effects) of the treatment?
- Which treatment is least likely to cause impotence?

- Which treatment is least likely to cause incontinence?
- Will the treatment you are recommending cure my cancer?
- Do I have a choice of specialists?
- If you had prostate cancer like mine, who would you go to for treatment?
- What's my prognosis without treatment?

Monitoring prostate cancer

Monitoring means keeping a close eye on you medically. You don't have any treatment straight away. Your doctor monitors you with regular tests, to see how your prostate cancer behaves. You can start treatment straight away if there is any sign that you need to.

Active surveillance

You may have active surveillance if you are diagnosed with localised prostate cancer that may never need treatment. You usually go to the hospital for regular appointments and have blood tests every 1 or 3 months to monitor your PSA levels, regular digital rectal examinations, and prostate biopsies every 2 to 3 years. If the cancer starts to grow your doctor will advise you to have radical treatment to try and **cure** your prostate cancer.

Watchful waiting

Watchful waiting means keeping treatment to **control** prostate cancer in reserve, because you aren't having any symptoms. You may have watchful waiting if you have locally advanced prostate cancer that has grown too far to cure. Or you have prostate cancer with no symptoms and have other medical problems that mean you can't have radical treatment.



Generally, watchful waiting involves fewer tests than active surveillance. You will still have regular appointments, blood tests and examinations. But you are less likely to have regular prostate biopsies.

Types of surgery for prostate cancer

Your doctor will discuss the most suitable type of surgery for you depending on

- The size and whether there is any spread of the cancer
- What the cells look like under a microscope
- The likely outlook for your condition (your prognosis)
- Your general health
- Your symptoms

Radical prostatectomy

A radical prostatectomy operation removes all of your prostate gland. The surgeon does this through a cut in your abdomen, or it might be carried out as keyhole surgery. Removing the prostate can often cure the cancer if it has not spread.

Orchidectomy

An orchidectomy operation removes both your testicles so that they cannot produce testosterone any more. Testosterone can make prostate cancer grow. Removing the testicles can shrink a locally advanced prostate cancer or stop it from growing.

Transurethral resection (TUR) of the prostate

A TUR operation may help to relieve your symptoms, such as being unable to pass urine. It will not cure your cancer. Your surgeon removes part of the prostate gland from around the urethra (the tube that carries urine from your bladder).

Radical Prostatectomy

A radical prostatectomy means an operation to remove the whole prostate gland. It is a common operation for prostate cancer. The operation used to be called total prostatectomy. A specialist surgeon removes the prostate through a cut made in your abdomen or between the testicles and the back passage. The aim of this type of surgery is to cure the cancer. Your surgeon may suggest radical prostatectomy if

- Your cancer has not spread outside your prostate
- You are younger, rather than older, and have a high grade tumour

Laparoscopic prostatectomy (keyhole surgery)

Often, a radical prostatectomy is done using keyhole (laparoscopic) surgery. A telescope is used to look inside the body. A tiny video camera gives a magnified view of the prostate gland on a video screen. The prostate gland is cut away from surrounding tissues and removed through a small cut in the abdomen. The main difference with this surgery is that you won't have a big wound in your abdomen afterwards.

On CancerHelp UK, we have more information about having your operation and the possible side effects.

Robot assisted surgery

Robot assisted surgery is similar to laparoscopic surgery. But the surgeon controls the instruments and camera using a machine (robot). It is sometimes called da Vinci surgery.



Orchidectomy for prostate cancer

An orchidectomy (also called orchiectomy) is done to help control the growth of prostate cancer. It is an operation to remove your testicles (testes). Prostate cancer needs testosterone in order to grow. Testosterone is the male sex hormone produced by the testicles, or testes. If the testicles are removed, the level of testosterone in your blood will fall dramatically. And in 9 out of 10 men (90%) the prostate cancer will stop growing and start to shrink.

Orchidectomy is not used very often these days because there are hormone treatments available that work in the same way. Some men choose to have an orchidectomy. They like the fact that it is one treatment compared to the injections which you have either monthly or 3 monthly. Other men don't like the fact that orchidectomy is not reversible and they worry about how they will feel about themselves after having their testicles removed. It is important to talk through with your doctor about the pros and cons of having an orchidectomy.

It is a simple operation. The surgeon makes a small cut in your scrotum (the sac which holds your testicles). After removing your testicles, your surgeon may put in plastic balls (fake testicles or prostheses) to keep the look and shape of your scrotum the same.

On CancerHelp UK, we have more information about coping with this operation.

Transurethral resection (TUR) of the prostate

Sometimes surgery is needed to remove the part of a prostate cancer that is pressing on the urethra - the tube that carries urine from your bladder. Your doctor may suggest an operation that will take away some of the cancer so that you can pass urine more easily again. This operation is not done to cure your cancer. But it can relieve symptoms. This operation is also often used for men who have a non-cancerous (benign) swelling of the prostate gland called BPH. This type of surgery is called a TUR or TURP, which stands for 'transurethral resection of the prostate'.

A TUR is carried out by passing a thin tube up the urethra via your penis. The tube is a telescope, so the surgeon can see inside your urethra. The blockage is removed using an instrument attached to the telescope that can cut away the abnormal areas. This operation usually means about 2 or 3 nights in hospital.

After a TURP

It's best if you can start moving around as soon as possible. You'll probably be up and about within 24 hours.

You may have a tube (catheter) into your bladder to drain your urine into a collecting bag. After this surgery, it is quite normal to have blood clots forming in your urine. To prevent the blood clots blocking this catheter, 'bladder irrigation' may be used. This means that fluid is passed into your bladder and drained out through the catheter. The blood in your urine will slowly clear and then the catheter can come out. This is normally about 2 or 3 days after your surgery.



Having surgery for prostate cancer

Before prostate surgery

Before your operation you will see your surgeon and anaesthetist. You may also see a specialist nurse. They will explain what the operation involves and what to expect. Your doctor will ask you to sign a form saying that you agree to have the operation.

You may also have some tests to make sure that you are fit enough to have the surgery. For example, you may have blood tests, a chest X-ray and an electrocardiogram (ECG) to check your heart is healthy

Immediately after your operation for prostate cancer

When you come round after your operation you may have a drip into your arm and a tube to drain the wound. You will also have a tube (catheter) into your bladder to drain your urine.

You will be encouraged to move about as soon as possible. Your nurses or physiotherapist will help you do deep breathing and leg exercises to help stop chest infections and blood clots.

You will almost certainly have some pain for the first few days. If you are in pain it is important to tell the nurse or doctor straight away so they can find the right type and dose of painkiller for you.

What to ask your doctor about prostate cancer surgery

- What preparations should I make before my operation?
- What kind of surgery are you suggesting?

- Why - what is it aiming to achieve?
- Will the treatment you are recommending cure my cancer?
- How many of these operations do you perform in a year?
- What are your results?
- What are the possible risks and side effects?
- What other choices of treatment do I have?
- Could I be treated with radiotherapy?
- Can I see an oncologist (cancer specialist) to talk about alternatives to surgery?
- Do I have a choice of specialists?
- If you had prostate cancer like mine, who would you go to for treatment?
- Will I be in pain after the operation?
- How might the surgery affect my life in the longer term?
- Will I lose my sex drive?
- Will I ever be able to have sex?
- What about incontinence?

Radiotherapy to try to cure prostate cancer

Radiotherapy uses high energy waves to treat cancer. If your cancer has not spread, you can have radiotherapy to try to cure it. Radiotherapy to try to cure early prostate cancer can be internal, called brachytherapy, or external beam radiotherapy.

On CancerHelp UK we have more about both external beam radiotherapy and internal radiotherapy (brachytherapy).

Radiotherapy to treat prostate cancer that has spread

Radiotherapy can treat areas of cancer spread, such as to the bones. It can help to slow down the cancer growth in the treatment area and relieve symptoms.



Sometimes, doctors treat the whole body with internal radiotherapy to help control bone pain. You have an injection of a radioactive substance called strontium 89. It circulates throughout the body and can destroy areas of cancer cells in the bone.

On CancerHelp UK we have more information on radiotherapy to treat prostate cancer that has spread.

External radiotherapy for prostate cancer

This treatment uses a high dose of radiation just to the area of the prostate gland. You can have this treatment if your prostate cancer is still quite localised. If it has spread any further, this treatment is not likely to cure it.

How you have the treatment

You usually have a course of daily treatments lasting about 6 to 7 weeks. So you have to travel to the hospital every day, Monday to Friday. The treatment only takes a few minutes each time.

Side effects

There are some side effects that usually come on gradually as you go through your course of treatment. They include sore skin in the treatment area, irritation of the bladder, making you want to pass urine more often, diarrhoea and tiredness.

Your side effects may last for several weeks after your treatment has finished. Tiredness can last for some months.

Long term side effects

Some men have long term problems after this type of treatment. Unfortunately, doctors cannot tell who will be affected. About 7 out of 10 men have problems

getting an erection. Some men have problems passing urine. Some have a straining feeling in the back passage, called proctitis. Radiotherapy for prostate cancer can also increase the risk of rectal cancer.

Brachytherapy (internal radiotherapy) for prostate cancer

Internal radiotherapy is also called brachytherapy. It is a treatment to try to cure early prostate cancer. There are 2 different types of internal radiotherapy for prostate cancer.

If you have seed implantation brachytherapy, your doctor puts small radioactive seeds into your prostate gland from a fine needle in your back passage (rectum). The seeds stay in and give a dose of radiation to the prostate over a few months. It is also called low dose rate brachytherapy. The radiation does not travel very far in the body. So, the surrounding healthy tissue receives a much smaller dose than the prostate gland.

You may have high dose rate brachytherapy alongside a course of external radiotherapy. With this treatment your doctor puts thin tubes through the skin behind your testicles and into position inside the prostate. The thin tubes contain a radioactive material which gives a dose of radiotherapy to the prostate gland. When the correct dose has been given the doctor removes the radioactive tubes. You then have no radiation left in your prostate.

Internal brachytherapy for prostate cancer is a simpler procedure than external beam radiotherapy, as it usually only involves one planning session and one treatment session.



Side effects of brachytherapy

The most common side effect with brachytherapy is difficulty passing urine. This may last for a few months. Other side effects of radiotherapy are less likely to happen with brachytherapy. Some men have long term problems with passing urine after this type of treatment. About 2 in 100 men (2%) have a straining feeling in the back passage, called proctitis. And some men have problems getting and keeping an erection after brachytherapy.

Side effects of prostate cancer radiotherapy

Side effects of radiotherapy for prostate cancer can be short term or long term.

Short term side effects usually start during your course of treatment and go away soon after it is finished. The effects are different for external and internal radiotherapy.

Side effects of external radiotherapy can be diarrhoea, needing to pass urine often due to bladder inflammation, pain passing urine, and sore skin in the treatment area.

With internal radiotherapy, the side effects mentioned above occur less often. But you may have difficulty passing urine. Or you may not be able to go at all. This is not very common, but if it happens to you, you will need to have a tube (catheter) put into your bladder to drain the urine. These side effects usually disappear within a few weeks. Long term side effects can begin some months or years after treatment. They may gradually get better or may be permanent. Your doctor can't tell ahead of time whether you will have long term side effects or not. The most common long term side effect is a straining feeling in the back passage called proctitis.

Up to 7 out of every 10 men (70%) will no longer be able to get an erection after radiotherapy treatment for prostate cancer. A narrowing of the tube from the bladder to the penis (the urethra) can cause difficulty passing urine. This occurs most often after internal radiotherapy.

Radiotherapy for prostate cancer that has spread

Radiotherapy can help to relieve symptoms of prostate cancer that has spread. It is particularly useful for helping to control bone pain. You may find you can cut down on painkillers after treatment to areas of cancer in the bones.

External radiotherapy

If you have external radiotherapy, you may have a single treatment or several daily treatments. The treatment is painless and only takes a few minutes each time. The treatment takes up to 3 weeks to work. There are usually few side effects. They depend on where in the body you are having treatment. You may feel sick if your abdomen is in the treatment area, for example if your ribs or backbone are being treated. The main side effects are tiredness and sore skin in the treatment area. If you are having a large area treated, you may have low blood counts for a while and be more prone than usual to picking up an infection.

Internal radiotherapy

This is treatment with an injection of radioactive strontium. This chemical tends to collect in the bones, so it gives off its radiation directly to the cancer cells. It gives off radiation for up to 7 days. The amount of radiation you give off is extremely small. So it is perfectly safe for you to be with others.



The treatment can shrink bone tumours, relieving pain. It takes up to 3 weeks to do this. It may also delay the development of new tumours in the bones. The pain relief usually lasts for several months. You may be able to have treatment again after that.

What to ask your doctor about prostate cancer radiotherapy

- Why are you planning radiotherapy for me?
- Will it be external or internal?
- What exact type of radiotherapy treatment is planned?
- What are the aims of the treatment?
- Will the treatment cure my cancer?
- How many cases like mine do you treat in a year?
- What are your results?
- What are the alternatives to radiotherapy?
- Should I have hormone therapy as well as radiotherapy?
- Could I have hormone therapy instead of radiotherapy?
- If you had prostate cancer like mine, who would you go to for treatment?
- How long will the treatment last?
- Is it painful?
- What are the side effects - both in the short and long term?
- What are the alternatives to radiotherapy?
- What can I do to prepare for the treatment?
- Where can I find out more about it?
- Are there permanent side effects from this treatment?
- Will the treatment affect my sex life?
- What are the risks of incontinence after this treatment?
- What are the risks of impotence after this treatment?

Hormone therapy for prostate cancer

Cancer of the prostate depends on the male hormone testosterone for its growth. Hormone therapy reduces the amount of testosterone in the body.

How and when you have hormone therapy depends on the grade and stage of your cancer. Your doctor may suggest hormone treatment alone if your cancer has spread to another part of the body or it has grown too far around the prostate for successful treatment with surgery or radiotherapy. If you are going to have treatment aiming to cure the cancer, but your doctor thinks there is a high risk of the cancer coming back, you may have hormone therapy as well as your other treatment.

There are different types of hormone therapy drugs

- Tablets called anti androgens
- Injections or implants called luteinising hormone releasing hormone (LHRH) blockers
- Gonadotrophin releasing hormone (GnRH) blocker

You may have anti androgens and LHRH blockers either on their own, or together. Having both types of drugs together is called complete androgen blockade (CAB) or maximal androgen blockade (MAB).

You may have hormone therapy (continuous therapy). Or you may have intermittent treatment - you have a few months treatment, followed by a break, then more treatment and so on. Both ways appear to work equally well. Intermittent therapy gives reduced side effects.



In advanced prostate cancer, hormone therapy can sometimes make symptoms disappear completely and can control the cancer for a few years. Then the cancer usually stops responding to the hormone treatment and starts to grow again. Doctors call this hormone refractory prostate cancer. There are various treatment options when that occurs.

Side effects of hormone therapy for prostate cancer

Hormone therapy for prostate cancer can have side effects. They will vary depending on the type of hormone therapy you are having. It can cause

- Problems getting an erection (impotence)
- Hot flushes and sweating
- Breast tenderness
- Pain caused by tumour flare
- Side effects from long term treatment

About half the men taking hormone therapy tablets alone, find they can't get an erection. All the men on injections (goserelin or Zoladex for example) will be impotent. This is because these drugs stop you producing any testosterone. Some men have hot flushes and sweats. They may gradually get better. But some men have them throughout their hormone therapy. Your doctor may be able to give you other tablets to help control them.

Long term hormone treatment may make you put on weight. And you may feel you have more trouble remembering things or become more emotional. Long term treatment puts men at a slightly higher risk of problems such as bone fractures. And there is some evidence that if you are over

65, your risk of a heart attack may be increased.

What to ask your doctor about hormone therapy for prostate cancer

- Why are you suggesting hormone therapy for me?
- What type of hormone therapy will be used?
- Will I lose my sex drive and become impotent - temporarily or forever?
- What other side effects might there be?
- How long will they last?
- Are there other choices of treatment in my case?
- How should I prepare for the treatment?

Chemotherapy for prostate cancer

Chemotherapy is sometimes used to treat prostate cancer that has spread to other parts of the body. A number of chemotherapy drugs may be used, including

- Docetaxel
- Mitozantrone
- Epirubicin
- Paclitaxel
- Estramustine

The most commonly used drug is docetaxel. It is licensed in the UK for prostate cancer that has not, or is no longer responding to hormone treatment. But it is only used for people who the doctors think are fit enough to have this chemotherapy treatment. All chemotherapy has side effects. The likely side effects have to be balanced with the potential benefit you get from the treatment. CancerHelp UK has



links to more detailed information about the drugs listed above.

A number of clinical trials are looking into using chemotherapy to treat prostate cancer.

If you are taking any dietary supplements or herbal medicines, it is a good idea to tell your doctor. It may not be a good idea to take anything designed to boost your immune system while you are on chemotherapy.

There is more information in the 'chemotherapy' section of CancerHelp UK.

What to ask your doctor about chemotherapy for prostate cancer

- Would chemotherapy be helpful for me?
- What side effects might there be?
- How long will they last?
- Are there other effective treatments with fewer side effects?
- What other choices of treatment are there in my case?
- How should I prepare for the treatment?

Steroids for prostate cancer

Steroids are substances made naturally in the body. They can also be made artificially and used as drugs. Steroids may be used to treat prostate cancer that is not responding to hormone therapy treatment. They may also be used alongside chemotherapy treatment.

Side effects

You are not likely to have bad side effects from the steroids. But there are quite a few

side effects you may notice. These can include increased appetite, increased energy and wakefulness, and indigestion. If you have been taking steroids for some time you may notice some swelling in your hands, feet or eyelids. You may also put on weight. Steroids are irritating to the lining of your stomach. You must tell your doctor if you get stomach pains after taking steroids. Your doctor will be looking out for other side effects of your steroids including raised blood pressure and sugar in your urine.

It is important for any doctor treating you for any reason to know you are taking steroids. Your doctor will give you a card to carry, saying that you are taking steroids, and will ask you to carry the card with you at all times.

High Intensity focused ultrasound (HIFU) for prostate cancer

When high frequency sound waves are concentrated on body tissues, those tissues heat up and die. To use this as a cancer treatment, the specialist targets the area containing the cancer. Because the prostate is situated deep within the pelvis, you have HIFU for prostate cancer by putting an ultrasound probe into your back passage (rectum).

You may be offered HIFU instead of surgery for localised prostate cancer. Results from trials have shown that HIFU can be a successful treatment for prostate cancer. But we have to be sure that the long term results will be as good as surgery or radiotherapy. The treatment hasn't been around long enough for us to know that yet.



Possible side effects of HIFU

In trials, the most common problems reported after HIFU were infections in the prostate area, and incontinence. Side effects may be more common if you have also had radiotherapy.

Prostate cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know that they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

Researchers are looking into what causes prostate cancer, risk factors such as diet and genes, and better ways of testing for prostate cancer.

They are also looking into treatment choices, radiotherapy, chemotherapy, hormone therapy, removing prostate cancer with freezing, light (photodynamic therapy) and high intensity ultrasound. There is also research into herbal treatments, reducing treatment side effects, and which symptoms may show that a prostate cancer has come back.

Follow up for prostate cancer

After your treatment you should have regular check-ups at the hospital out-patient department. These appointments may continue for several years.

Your doctor will use the check ups to

- See how you are getting over your treatment
- Ask you if you are worried about anything
- Investigate any new symptoms, if you have any

What happens during check ups?

Your doctor will examine you and ask how you have been feeling. This is your opportunity to ask about anything that has been bothering you. You will have blood tests to check PSA levels and you may have occasional X-rays. Let your doctor know as soon as possible if you have any problems. Or if you notice any new symptoms between check ups.

How often will I need check ups?

This will depend very much on the stage of your cancer, the treatment you've had, and how you have responded to the treatment.



Notes

More information

For more information about prostate cancer, visit our website

<http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday

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