



Royal Berkshire
NHS Foundation Trust

Prostate exam clinic:

Hormone therapy patient plan

This folder provides you with information regarding your diagnosis, treatment plan and follow-up, as well as contact details and information regarding the team involved in your care.

Please bring this document to all urology hospital appointments and use the table to fill in any PSA blood results.

This plan belongs to: _____

Hospital Number: _____

Consultant in charge of care: _____

Presenting PSA: _____

Diagnosis:

Right

Left

Gleason: _____

Cores: _____

Volume: _____

PSA blood test results

Months post diagnosis	Date	PSA value	MRI result if appropriate	Biopsy result if appropriate
0				
3				
6				
8				
12 (1 year)				
18				
24 (2 years)				
30				
36 (3 years)				
42				
48 (4 years)				
54				
60 (5 years)				
72 (6 years)				
84 (7 years)				
96 (8 years)				
108 (9 years)				
120 (10 years)				

What is hormone therapy?

Hormone therapy works by stopping the hormone testosterone from reaching prostate cancer cells. It treats the cancer, wherever it is in the body. Testosterone controls how the prostate gland grows and develops. It also controls male characteristics, such as erections, muscle strength, and the growth of the penis and testicles. Most of the testosterone in your body is made by the testicles and a small amount by the adrenal glands which sit above your kidneys. Testosterone doesn't usually cause problems, but if you have aggressive prostate cancer, it can make the cancer cells grow faster. In other words, testosterone feeds the prostate cancer. If testosterone is taken away, the cancer will usually shrink, wherever it is in the body. Hormone therapy alone won't cure your prostate cancer but it can keep it under control, sometimes for several years, before you need further treatment. It is also used with other treatments, such as radiotherapy, to make them more effective.

What is PSA?

PSA stands for Prostate Specific Antigen. This is a naturally occurring substance measured by a blood test and is used to monitor activity from the prostate cells in the body.

What is Gleason grade?

If there is prostate cancer in your biopsy samples, they are given a Gleason grade. This grade tells you how aggressive the cancer is – in other words, how likely the cancer is to grow and spread outside the prostate. When cancer cells are looked at under the microscope, they have different patterns, depending on how quickly they are likely to grow. The pattern is given a grade from 1 to 5. This is called the Gleason grade. If a grade is given, it will usually be 3 or higher, as grade 1 and 2 are not cancer.

An overall Gleason score is worked out by adding together two Gleason grades. The first is the most commonly seen grade in all the samples (i.e. representing the 'typical' grade). The second is the highest grade seen in the sample (i.e. indicating the grade in the most affected cells). When the most common and the highest grade are added together, the total is called the Gleason score.

What is doubling time?

This is the time taken for the PSA to double. This is worked out by looking at a number of PSA values over time. It is a measure of how quickly a cancer may be growing.

What was the bone scan for?

You might have a bone scan if there's a chance your cancer has spread outside the prostate. A bone scan can show whether any cancer cells have spread to the bone. This is a common place for prostate cancer to spread to.

Further information is available through your nurse specialist or at www.prostatecanceruk.org

Hormone therapy for prostate cancer

Individual plan *after* diagnosis

Please have PSA blood test between 2 weeks and 72 hours before appointment.

Time point	Patient action
4 months	Please have PSA blood test. You will receive an appointment to be seen by a member of the Urology team.
8 months	Please have PSA blood test. You will receive an appointment to be seen by a member of the Urology team.
12 months	Please have PSA blood test. You will receive an appointment to be seen by a member of the Urology team. We would normally expect to discharge you at this point.
Every 6 months	After discharge please have PSA blood test and ask your GP surgery for your PSA result.

Note to GP: patients should be re-referred if:

- **At any stage the PSA level doubles in less than two years.**
- **The patient develops problems with their waterworks.**
- **The patient develops pains in their bones that may be related to prostate cancer.**

Hot flushes: Offer medroxyprogesterone 20mg/day for 10 weeks. If unsuccessful, cyproterone acetate 50mg bd for 4 weeks.

Erectile dysfunction: Offer sildenafil; if no improvement, refer to ED clinic.

GP to consider assessment for osteoporosis and encourage exercise.

Urology Department contact details

Appointments 0118 322 8629
Clinical Administration Team 0118 322 8629 Email: Rbb-tr.CAT3a@nhs.net
Cancer Nurse Specialists 0118 322 7905
Hopkins Ward 0118 322 7771

Amplitude* contact details

Customer Support 0333 014 6363
E-mail address customer.support@amplitude-clinical.com

**Amplitude* is supporting this department by recording and comparing your physical progress and wellbeing, as well as your quality of life, before and after a urological procedure

RBFT Department of Urology, June 2024

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