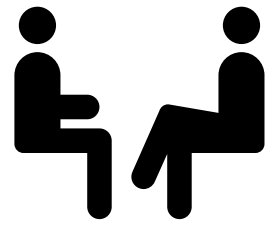


Active surveillance



In this fact sheet:

- What is active surveillance?
- Who can go on active surveillance?
- What are the advantages and disadvantages?
- What does active surveillance involve?
- Is active surveillance safe?
- Dealing with prostate cancer
- Life on active surveillance
- More information
- About us

This fact sheet is for anyone who wants to know more about active surveillance, which is a way of monitoring localised (early) prostate cancer rather than treating it straight away. Your partner, family or friends might also find this information helpful. Active surveillance isn't the same as watchful waiting, which is a different way of monitoring prostate cancer. We explain the differences between them on page 2.

Each hospital will do things differently, so use this fact sheet as a general guide and ask your doctor or nurse for more information. You can also speak to our Specialist Nurses, in confidence, on 0800 074 8383, or chat to them online.

Symbols

These symbols appear in this fact sheet:



Speak to our Specialist Nurses



Read our publications



Sections for you to fill in

What is active surveillance?

Active surveillance is a way of monitoring localised prostate cancer. This is cancer that hasn't spread outside the prostate (see page 2). If you go on active surveillance, you'll have regular tests to check on the cancer. The aim is to avoid unnecessary treatment unless there are signs your cancer may be growing.

It might seem strange not to have treatment, but localised prostate cancer often grows slowly – or doesn't grow at all – and may have a low risk of spreading. So it may never cause you any problems or affect how long you live. Because of this, you might not need any treatment.

Treatments for prostate cancer, such as surgery, radiotherapy or hormone therapy, can cause side effects. These can include urinary, bowel and erection problems, and fatigue. For some men these side effects may be long-term and can have a big impact on daily life.

If you decide to go on active surveillance, you won't have any treatment, so you'll avoid or delay the side effects of treatment. Instead, you'll have regular check-ups and tests. If these show that your cancer may be growing, or if at any point you decide you want treatment, you will be offered

treatment that aims to cure your cancer. Many men on active surveillance will never need treatment.

What's the difference between active surveillance and watchful waiting?

Active surveillance is often confused with another way of monitoring prostate cancer, called watchful waiting. The aim of both is to avoid unnecessary treatment, but the reasons for having them are different. Make sure you know which one you've been offered and why.

Active surveillance

- It is suitable for some men with cancer that hasn't spread outside the prostate (localised cancer), who can still have treatment that aims to cure their cancer.
- If you need treatment in the future, it will aim to cure your cancer.
- It involves more regular hospital tests than watchful waiting, such as prostate specific antigen (PSA) tests, magnetic resonance imaging (MRI) scans and prostate biopsies (see page 4).

Watchful waiting

- It's generally suitable for men with other health problems who may be less able to cope with treatments such as surgery or radiotherapy, or if treatment would cause more problems than the cancer itself.
- If you do have treatment in the future, it will aim to control the cancer and manage any symptoms, rather than aim to cure it.
- It can be used in men with localised prostate cancer, or in men whose cancer has spread to other parts of the body (locally advanced or advanced cancer).
- It involves fewer tests than active surveillance, but the cancer will still be monitored. These check-ups usually take place at the GP surgery rather than at the hospital.

Other terms you might hear

Some people use names such as 'active monitoring' and 'wait and see' to describe both active surveillance and watchful waiting. These can mean different things to different people, so ask your doctor or nurse to explain exactly what they mean.

Who can go on active surveillance?

Active surveillance is suitable for men with Cambridge Prognostic Group (CPG) 1 or 2 localised prostate cancer. This means your cancer hasn't spread outside the prostate and has a low risk of spreading (see below).

It's also sometimes suitable for men with CPG 3 localised prostate cancer who want to avoid or delay treatment. Your doctor or nurse will discuss whether active surveillance is an option for you.

If you have more aggressive prostate cancer that has a high risk of spreading (CPG 4 or 5), active surveillance won't be recommended for you. Find out more about treatment options in our booklet, **Prostate cancer: a guide if you've just been diagnosed**.



Working out how likely your cancer is to spread

Your doctor may talk to you about the risk of your cancer spreading outside the prostate. To work out your risk, your doctor will look at your PSA level, your Gleason score (or grade group), and the T stage of your cancer.

These three factors will place you in one of five categories that form the **Cambridge Prognostic Group (CPG)**. This system is used to help your doctor decide which treatment options are available to you, based on your risk.

CPG 1

- Gleason score 6 (grade group 1), **and**
- PSA less than 10 ng/ml, **and**
- T stage of 1 or 2.

This means your cancer is likely to grow very slowly and very unlikely to spread.

CPG 2

You will be in this group if you have T stage T1-T2 and **one** of the following:

- Gleason score is $3 + 4 = 7$ (grade group 2), **or**
- PSA 10 to 20 ng/ml.

This means your cancer is likely to grow slowly and unlikely to spread.

CPG 3

- Gleason score $3 + 4 = 7$ (grade group 2), **and**
- PSA 10 to 20 ng/ml, **and**
- T stage of 1 or 2.

You will also be in this group if you have:

- Gleason $4 + 3 = 7$ (grade group 3), **and**
- T stage of 1 or 2.

This means there is a medium (intermediate) risk of your cancer growing and spreading out of your prostate.

Low, medium or high risk prostate cancer

When talking to your doctor about the risk of your cancer spreading, they may refer to low, medium or high risk. This older system also used your PSA level, Gleason score and the T stage of your cancer. You should ask your doctor about your CPG category and what this means in terms of your treatment options.

You can read more about what your test results mean and your Cambridge Prognostic Group in our booklet, **Prostate cancer: A guide if you've just been diagnosed**.



MRI scan

You will have an MRI scan to help decide if active surveillance is suitable for you. This uses magnets to create a detailed picture of your prostate and the surrounding tissues.

You may have already had an MRI scan to help diagnose your prostate cancer. If not, you may

need one after you've been diagnosed, to make sure the cancer hasn't spread outside your prostate and isn't likely to grow quickly. Active surveillance will only be an option if the cancer hasn't spread outside of the prostate.

Other important things to think about

When deciding if active surveillance is a suitable option for you, your doctor will also make sure that:

- you're fit enough to have treatments such as surgery or radiotherapy if your cancer starts to grow
- you know about the advantages and disadvantages of being on active surveillance
- you've discussed other treatment options, including the possible side effects and risks with your doctor or nurse, and you're happy to go on active surveillance.

Other treatment options

There are a number of treatments for localised prostate cancer, and there may be more than one treatment that is suitable for you. Your doctor or nurse should discuss the advantages and disadvantages of all the different treatment options with you. This should help you decide whether to go on active surveillance or start treatment straight away.

Other treatment options include:

- surgery to remove the prostate (radical prostatectomy)
- external beam radiotherapy – which uses X-ray beams to kill the cancer cells
- brachytherapy – a type of internal radiotherapy
- watchful waiting (see page 2)
- high-intensity focused ultrasound (HIFU) or cryotherapy, but these are less common.

With some of the above treatments, you may also need to have a treatment called hormone therapy. Read our other fact sheets for more information about all of these treatment options and their side effects. All our publications are free and available to order or download online. Visit, prostatecanceruk.org/publications

Unsure about your diagnosis and treatment options?

If you have any questions about your diagnosis at any time, ask your doctor or nurse. They will explain your test results and talk you through your treatment options. Make sure you have all the information you need. We have more information about diagnosis and treatment in our other fact sheets. You can also call our Specialist Nurses, or chat to them online.



- Your general health could change, which might make some treatments unsuitable for you if you did need them.
- Some men may worry about not having treatment, and about their cancer growing – but you can change your mind at any time and have treatment instead if this is a problem.
- There is a chance that your cancer might grow more quickly than expected and become harder to treat – but this is very uncommon.

What are the advantages and disadvantages?

Deciding whether or not to go on active surveillance is a personal choice. What may be important to one person might not be so important to someone else. If you're offered active surveillance, speak to your doctor or nurse before deciding whether to go on it – they can help you decide whether it's right for you. There's a list of questions on page 11 and 12 that you might find helpful.

Give yourself time to think about whether active surveillance is right for you.

Advantages

- As you won't have treatment while you're on active surveillance, you'll avoid the side effects of treatment.
- Active surveillance won't affect your everyday life as much as treatment might.
- If tests show that your cancer might be growing, there are treatments available that aim to cure your cancer.

Disadvantages

- You might need to have more prostate biopsies which can cause side effects, and which some men find uncomfortable or painful.



The idea of being on active surveillance was attractive because I didn't have to worry about side effects as I wasn't having any treatment.

A personal experience

What does active surveillance involve?

If you're on active surveillance you will have regular tests to monitor your cancer. The tests aim to find any changes that suggest the cancer is growing.

Depending on your hospital, you may have:

- PSA blood tests
- MRI scans
- digital rectal examinations (DRE)
- prostate biopsies.

If your test results show that your cancer might be growing, you will be offered further tests to check on the cancer. If any changes are found, you can have treatment that aims to get rid of the cancer – such as surgery or radiotherapy.

PSA blood test

This is a blood test that measures the total amount of prostate specific antigen (PSA) in your blood. PSA is a protein produced by normal cells in the prostate, and by prostate cancer cells.

You will have had a PSA test to help diagnose your cancer. It's also a useful test for monitoring prostate cancer. It's normal for your PSA level to go up a little as you get older and your prostate gets bigger. And other things can cause it to rise, like an infection, recent ejaculation, anal or prostate stimulation, vigorous exercise, such as running and cycling, and some medicines or supplements. You should try to avoid sexual activity and vigorous exercise in the 48 hours before a PSA test. But if your PSA level rises faster than expected, this could be a sign that your cancer is growing.

If your doctor is concerned by any of your test results, they might recommend an MRI scan or a prostate biopsy to check if the cancer is growing.

Booking your PSA test

If you choose to go on active surveillance, you may have your PSA tests at your local hospital, or you may need to book these tests yourself at your GP surgery. This varies from hospital to hospital.

Your doctor or nurse may send you a letter saying how often you should have PSA tests. But you might not get reminders, so check with your doctor so you know how often you need one. Give yourself plenty of time to book them, as hospitals and GP surgeries can be very busy and you may not be able to get an appointment straight away.

MRI scan

You should have an MRI scan when you first go on active surveillance to make sure your cancer hasn't spread outside the prostate. You may then have regular MRI scans, although this will depend on your hospital. Your doctor may also suggest having an MRI scan if your PSA test

or DRE results suggest your cancer might be growing. The scan can help your doctor decide if you need a biopsy.


Digital rectal examination (DRE)

This is where the doctor feels your prostate through the wall of the back passage (rectum). A normal prostate should feel soft and smooth. Your doctor may feel your prostate for any changes, such as hard or lumpy areas, that could suggest the cancer is growing.

Prostate biopsy

Once you start active surveillance, you may only have another biopsy if other tests suggest your cancer is growing. Your PSA level might rise a little bit, even if your cancer isn't growing. But if it rises more quickly than expected, your doctor may suggest having a biopsy. You will have an MRI scan before you have a biopsy.

If you do have a biopsy that shows your prostate cancer has grown, then your doctor may recommend you have treatment. This treatment will usually aim to get rid of the cancer.

Read more about these tests in our fact sheet,  **How prostate cancer is diagnosed.**

How often will I have tests?

How often you will have tests and what tests you will be offered will be different in every hospital. The table below is a general guide. Your doctor will tell you how often you will have tests.

Year of active surveillance	Tests
First year	<ul style="list-style-type: none"> PSA test: every three to four months. DRE: after 12 months. MRI scan: after 12 to 18 months.
Second year onwards	<ul style="list-style-type: none"> PSA test: every six months. DRE: every 12 months.

You may find it helpful to use our **Life on active surveillance diary** (see page 10). This diary may help you feel more in control. You can keep track of your appointment details and also record your test results.

When would I stop active surveillance?

If the results of the tests show your cancer is growing or has become more aggressive, you'll be offered treatment that aims to get rid of the cancer – for example, surgery or radiotherapy.

You can decide to have treatment at any time, no matter how long you have been on active surveillance. Living with cancer and not having treatment can be difficult, and you may experience feelings of stress, worry and anxiety. Some men decide they want to have treatment even though there are no signs of any changes. If you decide you do want treatment, speak to your doctor or nurse.

Is active surveillance safe?

Research shows active surveillance is a safe way for men, diagnosed with prostate cancer that has a low risk of spreading, to avoid or delay unnecessary treatment. And you have the same chances of living for 10 years or more as you would if you chose to have treatment with surgery or radiotherapy.

Picking up changes to your cancer

If you go on active surveillance, there's a chance that your cancer could grow. But the risk of it growing without being picked up is very low. And the tests used to monitor your cancer should find any changes early enough to treat it.

There is a very small chance that the cancer will spread outside your prostate before being picked up, and treatment might not be able to get rid of it completely.

This can happen if:

- the tests used in active surveillance miss changes in your cancer, or
- the tests used to diagnose your prostate cancer didn't find some areas of faster-growing cancer.

But this is very uncommon and you will have regular tests to check on the cancer and make sure it isn't growing more quickly than expected. Talk to your doctor or nurse if you are worried about the risk of your cancer growing.



I was on active surveillance for five years before a regular check showed my cancer was becoming more aggressive. So I decided to have a radical prostatectomy. Six years later, my PSA level is undetectable.

A personal experience

Concerns about not having treatment

Many men with localised prostate cancer, that has a low risk of spreading, choose to go on active surveillance when they are first diagnosed. But active surveillance isn't for everyone. You might find it difficult not having treatment for prostate cancer, and worry that it will change or spread. Some men on active surveillance decide to have treatment even though there are no signs of any changes in their cancer.

If at any time you decide that you want treatment, talk to your doctor or nurse. You don't have to stay on active surveillance if you don't want to.

Changes to your health

There's a chance that your general health could change while you are on active surveillance. This could make some treatments unsuitable for you if the cancer did grow. For example, if you were to get heart problems, you might not be able to have surgery to remove your prostate, as an operation might not be safe for you.

You can lower your risk of many health problems by eating healthily and doing regular exercise.



Read more in our fact sheet, **Diet and physical activity for men with prostate cancer.**

Are there any side effects?

As you won't have treatment while you're on active surveillance, you won't get any of the side effects of treatment, like urinary problems or erection problems.

If you do notice changes to the way you urinate, speak to your doctor or nurse. These changes are more likely to be a sign of an enlarged prostate, or another health problem. But it's still a good idea to get it checked out.

You might need to have prostate biopsies while you are on active surveillance. There are two main types of biopsy:

- a transperineal biopsy, where the needle goes through the skin between the testicles and the back passage (the perineum)
- a trans-rectal ultrasound (TRUS) guided biopsy, where the needle goes through the wall of the back passage.

Biopsies can cause some short-term side effects, such as infection, and blood in the urine, semen or bowel movements. The risk of infection is lower after transperineal biopsy than after a TRUS biopsy. Many hospitals now use transperineal biopsy instead of TRUS biopsy, because of the risk of a serious infection, known as sepsis. Less than 1 in 100 men (one per cent) who have TRUS biopsy will get sepsis. Many hospitals now do MRI scans instead of regular prostate biopsies.



Read more about the side effects of prostate biopsy in our fact sheet, **How prostate cancer is diagnosed**.

You can discuss all the advantages and disadvantages of active surveillance with your doctor or nurse, to help you decide whether it's right for you. Or you could speak to our Specialist Nurses.



Dealing with prostate cancer

Some men say being diagnosed with prostate cancer changes the way they think and feel about life. You might feel scared, worried, stressed, helpless or even angry.

At times, lots of men with prostate cancer get these kinds of thoughts and feelings. But there's no 'right' way to feel and everyone reacts in their own way.

This section suggests some things you can do to help yourself and people who can help. Families can also find this a difficult time and they may need support and information too. They may want to read our booklet, **When you're close to someone with prostate cancer: A guide for partners and family**.



How can I help myself?

Everyone has their own way of dealing with prostate cancer, but you may find some of the following suggestions helpful.

Look into your treatment options

Find out about the different treatments you could have. Bring a list of questions to your doctor or nurse. And ask about the side effects of each treatment – this will help you decide whether treatment or active surveillance is right for you.

Talk to someone

The idea of being diagnosed with prostate cancer but not having treatment straight away can be hard to cope with. If you're feeling low in mood, stressed or anxious, it's important to share what you're thinking and feeling – find someone you can talk to. It could be someone close, such as your family or a friend. You can also speak to someone trained to listen, like a counsellor or your doctor or nurse. People involved in your care should be able to help with any questions or concerns you might have.

Set yourself some goals

Set yourself goals and plan things to look forward to – even if they're just for the next few weeks or months.

Look after yourself

Take time out to look after yourself. When you feel up to it, learn some techniques to manage stress and to relax – like breathing exercises or listening to music. If you're having difficulty sleeping, talk to your doctor or nurse.

Eat a healthy, balanced diet

We don't know for sure whether any specific foods have an effect on prostate cancer. But eating well can help you stay a healthy weight, which may be important for men with prostate cancer. It's also good for your general health and can help you feel more in control.



For more information, read our fact sheet, **Diet and physical activity for men with prostate cancer**.

Be as active as you can

Keeping active can improve your physical strength and fitness, and can lift your mood. We don't know for sure if physical activity can help slow the growth of prostate cancer. But it can help you stay a healthy weight, which may help to lower your risk of advanced prostate cancer. Even a small amount can help. Take things at your own pace.



Read more in our fact sheet, **Diet and physical activity for men with prostate cancer**.

Smoking

Some research suggests that smoking makes prostate cancer more likely to grow and spread to other parts of the body. And the more you smoke, the greater the risk. There's lots of support available to help you stop smoking. Talk to your doctor or nurse, or visit www.nhs.uk/smokefree

Get more tips on how to look after yourself from Macmillan Cancer Support, Maggie's, Penny Brohn UK, or your nearest cancer support centre.



You can also find more ideas in our booklet, **Living with and after prostate cancer: A guide to physical, emotional and practical issues**.

Who else can help?

Your medical team

It may be useful to speak to your nurse, doctor, GP or someone else in your medical team. They can explain your diagnosis, treatment and side effects, listen to your concerns, and put you in touch with other people who can help.



Our Specialist Nurses

Our Specialist Nurses can help with any questions and explain your diagnosis and treatment options. They have time to listen, in confidence, to any concerns you or those close to you have.



The Specialist Nurses were always there and supported me at times of need - their help was reassuring and invaluable.

A personal experience

Our online community

Our online community is a place to talk about whatever's on your mind – your questions, your ups and your downs. Anyone can ask a question or share an experience.

Our one-to-one support service

This is a chance to speak to someone who's been there and understands what you're going through. They can share their experiences and listen to yours. You can discuss whatever's important to you. We'll try to match you with someone with similar experiences.

Trained counsellors

Counsellors are trained to listen and can help you find your own ways to deal with things. Many hospitals have counsellors or psychologists who specialise in helping people with cancer – ask your doctor or nurse at the hospital if this is available. You can also refer yourself for counselling on the NHS website, or you could see a private counsellor. To find out more, visit www.nhs.uk/counselling or contact the British Association for Counselling & Psychotherapy.

Our online community

Our online community is a place to talk about whatever's on your mind – your questions, your ups and your downs. Anyone can ask a question or share an experience.

Support groups

At support groups, men get together to share their experiences of living with prostate cancer. Some groups also hold meetings online. You can ask questions, share worries and know that someone understands what you're going through. Some groups have been set up by health professionals, others by men themselves. Many also welcome partners, friends and relatives.

Our fatigue support

Fatigue is a common symptom of prostate cancer, and a side effect of some treatments.



Our Specialist Nurses can talk to you in depth about your experience of fatigue, and the impact it's having on your day-to-day life. They can also discuss ways to help you better manage your fatigue, such as behaviour and lifestyle changes.



I was grateful to have counselling. Later, I joined my local prostate cancer support group. The support and friendship we give each other has meant so much to me.

A personal experience

Keep a diary

You may find it helpful to use our **Life on active surveillance diary** (see page 10). This diary may help you feel more in control. You can keep track of your appointment details and also record your test results.



To find out more about any of the above, visit prostatecanceruk.org/get-support or call our Specialist Nurses on 0800 074 8383.

Life on active surveillance

This diary may help you keep track of your appointment details and also record your test results. You may find it helpful to take it along with you to your active surveillance appointments.

If there is anything you're unsure of or concerned about, speak to your doctor or nurse. They may be able to help, or refer to someone who can.

Contact details

You may find it helpful to write down the contact details of who you should contact with any questions or concerns. This could be questions about your test results or upcoming appointments. You may also want to list who you should contact if you have worries or concerns about your prostate cancer. This might be known as your main contact or your key worker. This could be your clinical nurse specialist (CNS) or another health professional.



Name:

Telephone:

Email Address:

Use this space to write down the name and contact details of any other health professional you may contact, this could be your GP or hospital consultant.



Name:

Telephone:

Email Address:



Support group details

If you attend a support group, you may find it helpful to write down meeting dates and times. You can also use this space to write down contact details of other members.





What are my diagnostic test results?

My PSA level at diagnosis:

My gleason score and grade group:

The stage of my cancer:

Results of my MRI scan:

My Cambridge Prognostic Group (CPG):

Questions about my active surveillance appointments

Where will my appointments be?

How often will I have my PSA level checked?

Who will check my PSA levels and give me the results?

Will I have other regular tests or scans? If so, which ones and how often?

Who will be in charge of booking my appointments?

Other questions to ask your doctor or nurse

What test results would lead you to recommend treatment?

Are there any specific results that mean I should have further tests?

What symptoms should I look out for and report?

Other questions to ask your doctor or nurse

What do I do if I change my mind and want to have treatment?

What treatments could I have if my cancer grows?

My appointments

In the table below you can record details of your appointments at the hospital or GP surgery.



Date/time	Location	Notes

You can fill in this diary before and after your appointments, to help you get the most out of them. You might want to photocopy a blank diary, or download copies from our website at prostatecanceruk.org/active-surveillance

You can use the table below as a reminder or plan of what to talk about at your appointments. You may find it helpful to fill in the table and take it with you to your appointment.

Fill in before your appointment



Date of appointment:

How I've been feeling – any possible symptoms or worries:

Things I want to talk about at my appointment:

any symptoms emotional or mood problems

work and finances diet and physical activity



Your doctor or nurse may not have time to talk about all of these things, so think about what is most important to you. You can also call our Specialist Nurses in confidence.

Fill in during or after your appointment

Answers to my questions or concerns

Advice from my doctor or nurse

PSA level:

Date and time of next appointment:

PSA Levels

Use this table below to record the results of your PSA tests. If you need more space, you can order a **PSA card** from our website at prostatecanceruk.org/publications or call us on **0800 074 8383**.



Date	PSA level	Date	PSA level

Information about things I can do to help myself

It is important to take care of your general health. Some of the things you can do to help yourself and feel more in control are shown in the table below. You can discuss these with your doctor or nurse. They can also help you fill this in.



Fill in things you can do yourself

Diet

Physical activity

Relationships

Stress and anxiety

Work and finances

Details of support services for men on active surveillance

More information

British Association for Counselling & Psychotherapy

www.bacp.co.uk

Telephone: 01455 883 300

Information about counselling and details of therapists in your area.

Cancer Research UK

www.cancerresearchuk.org

Telephone: 0808 800 4040

Information about prostate cancer and clinical trials.

Healthtalk.org

www.healthtalk.org

Watch, listen to or read personal experiences of men with prostate cancer and other health problems.

Macmillan Cancer Support

www.macmillan.org.uk

Telephone: 0808 808 0000

Practical, financial and emotional support for people with cancer, their family and friends.

Maggie's

www.maggies.org

Telephone: 0300 123 1801

Drop-in centres for cancer information and support, and online support groups.

Mind

www.mind.org.uk

Telephone: 0300 123 3393

Information and support for mental health issues.

NHS websites

England: www.nhs.uk

Scotland: www.nhsinform.scot

Wales: www.111.wales.nhs.uk

Information about conditions, treatments and lifestyle. Support for carers and a directory of health services in England, Scotland and Wales.

nidirect

www.nidirect.gov.uk

Information about government services in Northern Ireland, including health services.

Penny Brohn UK

www.pennybrohn.org.uk

Telephone: 0303 3000 118

Courses and physical, emotional and spiritual support to those with cancer and their loved ones.

About us

Prostate Cancer UK has a simple ambition: to stop men dying from prostate cancer – by driving improvements in prevention, diagnosis, treatment and support.

Download and order our fact sheets and booklets from our website at prostatecanceruk.org/publications or call us on **0800 074 8383**.

At Prostate Cancer UK, we take great care to provide up-to-date, unbiased and accurate facts about prostate cancer. We hope these will add to the medical advice you have had and help you to make decisions. Our services are not intended to replace advice from your doctor.

References to sources of information used in the production of this fact sheet are available at prostatecanceruk.org

This publication was written and edited by our Health Information team.

It was reviewed by:

- Vineetha Thankappannair, MacMillan Lead Clinical Nurse Specialist – urology cancer, Prostate Cancer Clinical Nurse Specialist
- Venkata Ramana Murthy Kusuma, Consultant Urologist and Robotic Surgeon, Royal Surrey Hospital NHS Foundation Trust. Guildford
- Our Specialist Nurses
- Our volunteers.

Tell us what you think

If you have any comments about our publications, you can email:

yourfeedback@prostatecanceruk.org



Speak to our Specialist Nurses

0800 074 8383*

prostatecanceruk.org

Donate today – help others like you

Did you find this information useful? Would you like to help others in your situation access the facts they need? Every year, over 52,000 men face a prostate cancer diagnosis. Thanks to our generous supporters, we offer information free to all who need it. If you would like to help us continue this service, please consider making a donation. Your gift could fund the following services:

- £10 could buy a Tool Kit – a set of fact sheets, tailored to the needs of each man with vital information on diagnosis, treatment and lifestyle.
- £25 could give a man diagnosed with a prostate problem unlimited time to talk over treatment options with one of our Specialist Nurses.

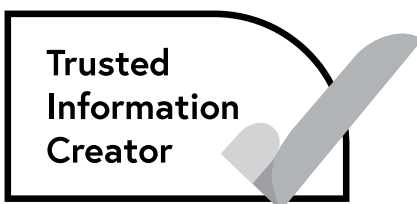
To make a donation of any amount, please call us on **0800 082 1616**, visit **prostatecanceruk.org/donate** or text **PROSTATE to 70004**[†].

There are many other ways to support us. For more details please visit **prostatecanceruk.org/get-involved**

[†]You can donate up to £10 via SMS and we will receive 100% of your donation. Texts are charged at your standard rate. For full terms and conditions and more information, please visit prostatecanceruk.org/terms



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Patient Information Forum

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Twitter Follow us on Twitter: **@ProstateUK**

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To be reviewed January 2026

Call our Specialist Nurses from Monday to Friday 9am - 5pm, Wednesday 10am - 5pm

* Calls are recorded for training purposes only.

Confidentiality is maintained between callers and Prostate Cancer UK.

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