

Localised prostate cancer



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This fact sheet is for anyone who has been diagnosed with localised prostate cancer – cancer that hasn't spread outside the prostate gland. We explain what localised prostate cancer is, what your test results mean, and the monitoring and treatment options available. Your partner, family or friends might also find this information helpful.

If your cancer has started to spread outside your prostate or has spread to other parts of your body, read our fact sheets, **Locally advanced prostate cancer** and **Advanced prostate cancer**.

Each hospital will do things slightly differently. 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 to guide you to more information:



Speak to our Specialist Nurses



Read our publications

What is localised prostate cancer?

Localised prostate cancer is cancer that's inside the prostate and hasn't spread to other parts of the body. You may also hear it called early or organ-confined prostate cancer, or stage T1 or T2 prostate cancer.

Most localised prostate cancer grows slowly – or doesn't grow at all – and has a low risk of spreading. So it may never cause you any problems or affect how long you live. Because of this, localised prostate cancer might not need treatment. You might be able to have your cancer monitored with regular check-ups instead. This is to make sure the cancer isn't growing more quickly than expected (see page 6).



But some men will have cancer that grows quickly and has a high risk of spreading. This is more likely to cause problems and needs treatment to stop it spreading outside the prostate.

The tests described below will help your doctor find out how quickly your cancer might grow and if it has spread outside the prostate. They will also help to find out what treatments might be suitable for you.

How is localised prostate cancer diagnosed?

Prostate cancer is diagnosed using the results of some or all of the following tests.

Prostate specific antigen (PSA) blood test

This measures the amount of PSA in your blood. PSA is a protein produced by normal cells in the prostate and also by prostate cancer cells.

Digital rectal examination (DRE)

The doctor feels your prostate through the wall of the back passage (rectum). They feel for hard or lumpy areas that might be a sign of cancer.

Magnetic resonance imaging (MRI) scan

This creates a detailed picture of your prostate and the surrounding tissues. In many hospitals, you may have a special type of MRI scan, called a multiparametric MRI (mpMRI). You may have had an MRI scan to help your doctor decide whether you needed a biopsy (see below), or to decide which areas of the prostate to take the biopsy samples from. An MRI scan may also be used after a biopsy has found cancer, to see if the cancer has spread outside the prostate.

Prostate biopsy

A thin needle is used to take small pieces of tissue from the prostate. The tissue is looked at under a microscope to check for cancer.

Computerised tomography (CT) scan

This can show whether the cancer may have spread outside the prostate, for example to the lymph nodes or nearby bones. Lymph nodes

are part of your immune system and are found throughout your body. You might not need a CT scan if the result is unlikely to affect what treatments you can have, or if other tests show your cancer is unlikely to have spread. However, you may have a CT scan to help work out the stage of your prostate cancer if for example, you have a medical condition that prevents you from having an MRI.

Bone scan

This can show if any cancer cells have spread to your bones. This is a common place for prostate cancer to spread to. You might not need a bone scan if the result is unlikely to affect what treatments you can have, or if other tests show your cancer is unlikely to have spread.

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



What do my test results mean?

Your results will help your doctor understand how quickly your cancer might grow and whether it has spread. This will help you and your doctor to discuss what treatments might be suitable for you.

There's space to write down your test results in our booklet, **Prostate cancer: A guide if you've just been diagnosed.**



PSA blood test results

It's normal to have a small amount of PSA in your blood. The amount rises as you get older and your prostate gets bigger. Other things can also raise your PSA level, including prostate cancer. You may have had a PSA test that showed your PSA was raised, and then had other tests to diagnose your prostate cancer.

Biopsy results

Your biopsy results will show how aggressive the cancer is (how likely it is to spread outside the prostate). You might hear this called your Gleason grade, Gleason score or grade group.

Gleason grade

Prostate cells seen under the microscope have different patterns, depending on how quickly they're likely to grow. The pattern is given a grade from 1 to 5 – this is called the Gleason grade. If you have prostate cancer, you will have Gleason grades of 3, 4 or 5. The higher the grade, the more likely the cancer is to grow and spread outside the prostate.

Gleason score

There may be more than one grade of cancer in the biopsy samples. Your Gleason score is worked out by adding together two Gleason grades.

The first is the most common grade in all the samples. The second is the highest grade of what's left. When these two grades are added together, the total is called the Gleason score.

Gleason score = the most common grade + the highest other grade in the samples

For example, if the biopsy samples show that:

- most of the cancer seen is grade 3, and
- the highest grade of any other cancer seen is grade 4, then
- the Gleason score will be 7 (3+4).

A Gleason score of 4+3 shows that the cancer is more aggressive than a score of 3+4, as there is more grade 4 cancer. If your Gleason score is made up of two of the same Gleason grades, such as 3+3, this means that no other Gleason grade was seen in the biopsy samples. If you have prostate cancer, your Gleason score will be between 6 (3+3) and 10 (5+5).

Grade group

Your doctor might also talk about your 'grade group'. This is a newer system for showing how aggressive your prostate cancer is likely to be. Your grade group will be a number between 1 and 5.

What does the Gleason score or grade group mean?

The higher your Gleason score or grade group, the more aggressive the cancer and the more likely you are to need treatment to stop the cancer spreading.

- A Gleason score of 6, or grade group 1, suggests the cancer is likely to grow very slowly, if at all.
- A Gleason score of 7, or grade group 2 or 3, suggests the cancer may grow at a moderately quick rate.
- A Gleason score of 8, 9 or 10, or grade group 4 or 5, suggests the cancer may grow more quickly.

Staging

Your doctor will use your scan results to work out the stage of your cancer – in other words (how far it has spread). This is usually recorded using the TNM (Tumour-Nodes-Metastases) system.

- The **T stage** shows how far the cancer has spread in and around the prostate.
- The **N stage** shows if the cancer has spread to nearby lymph nodes.
- The **M stage** shows if the cancer has spread (metastasised) to other parts of the body.

T stage

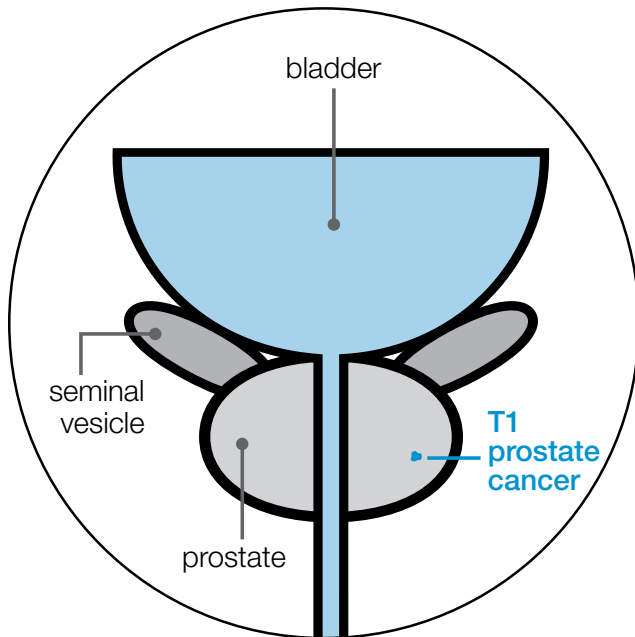
The T stage shows how far the cancer has spread in and around the prostate. A MRI scan or digital rectal examination (DRE) (see page 2) is usually used to find out the T stage, and sometimes a CT scan.

If you've been diagnosed with localised prostate cancer, your T stage will be T1 or T2.

The diagrams on the next page show stages T1 and T2.

T1 prostate cancer

The cancer can't be felt during a DRE or seen on scans, and can only be seen under a microscope in biopsy samples.



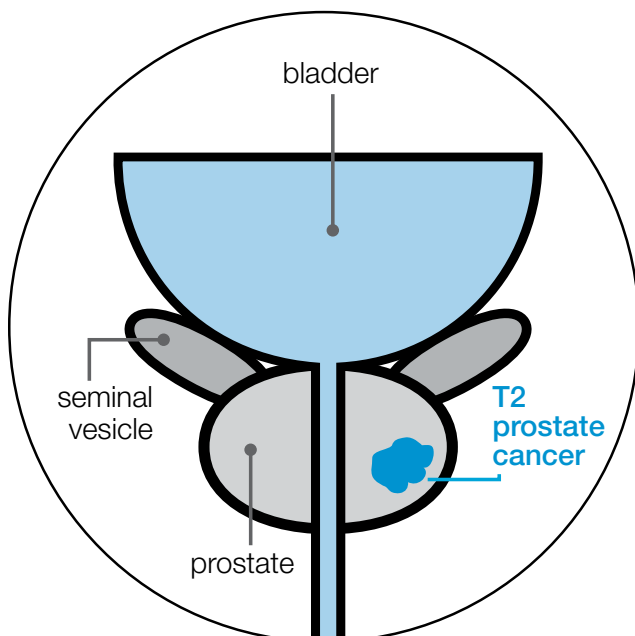
T2 prostate cancer

The cancer can be felt during a DRE or seen on scans, but is still contained inside the prostate.

T2a The cancer is in half of one side (lobe) of the prostate, or less.

T2b The cancer is in more than half of one of the lobes, but not in both lobes of the prostate.

T2c The cancer is in both lobes but is still inside the prostate.



T3 and T4 prostate cancer

This means your cancer has just started to break out of the prostate, or has spread to the area just outside it. This is locally advanced prostate cancer.

If your cancer has spread to other parts of your body, you will be diagnosed with advanced prostate cancer. Read more in our booklet,



Prostate cancer: A guide if you've just been diagnosed, or our fact sheets,



Locally advanced prostate cancer or **Advanced prostate cancer**.

N stage

The N stage shows if the cancer has spread to the lymph nodes near the prostate. An MRI or CT scan (see page 2) is used to find out your N stage. If you have been diagnosed with localised prostate cancer, your N stage will be either:

N0 No cancer can be seen in the lymph nodes.

NX The lymph nodes were not looked at, or the scans were unclear.

M stage

The M stage shows if the cancer has spread (metastasised) to other parts of the body, such as the bones. A bone scan (see page 2) is usually used to find out your M stage. If you have been diagnosed with localised prostate cancer, your M stage will be either:

M0 The cancer hasn't spread to other parts of the body.

MX The spread of the cancer wasn't looked at, or the scans were unclear.

For example, if your cancer is described as T2, N0, M0, it is likely that your cancer:

- is completely contained inside the prostate
- has not spread to your lymph nodes
- has not spread to other parts of your body.

This is localised prostate cancer.

Ask your doctor or nurse to explain your test results if you don't understand them. You can also read more in our fact sheet, **How prostate cancer is diagnosed**, or speak to our Specialist Nurses.



Cambridge Prognostic Group (CPG)

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 suitable for you, based on your risk.

The five CPG categories are described below. If you have any questions about your CPG speak to your doctor or specialist nurse.

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. Your treatment options may include active surveillance, surgery and radiotherapy.

CPG 2

You will be in this group if you have a T stage of 1 or 2 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. Your treatment options may include active surveillance, surgery or radiotherapy with hormone therapy.

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. Your treatment options may include surgery or radiotherapy with hormone

therapy. You may also have active surveillance if you don't want treatment straight away or can't have treatment.

CPG 4

You will be in this group if you have only **one** of the following:

- Gleason score 8 (grade group 4), **or**
- PSA more than 20 ng/ml, **or**
- T stage 3.

This means that there is a high risk of your cancer growing quickly and spreading out of your prostate. Treatment options may include surgery or radiotherapy with hormone therapy.

CPG 5

You will be in this group if you have **two or more** of the following:

- Gleason score 8 (grade group 4), **and**
- PSA more than 20 ng/ml, **and**
- T stage 3.

You will also be in this group if you have **one** of the following:

- Gleason score 9 to 10 (grade group 5), **or**
- T stage 4.

This means that there is a high risk of your cancer growing quickly and it's very likely to spread. Treatment options may include surgery or radiotherapy with hormone therapy.

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 other system also uses 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.



Read more about your CPG score and treatment options in our booklet, **Prostate cancer: A guide if you've just been diagnosed**.

What are my treatment options?

Most localised prostate cancer grows slowly and might not need treatment. You may be able to have your cancer monitored with regular check-ups instead. If you decide to have treatment, it will usually aim to get rid of the cancer.

The two ways of monitoring localised prostate cancer are:

- active surveillance
- watchful waiting.

The main treatments for localised prostate cancer are:

- surgery (radical prostatectomy)
- external beam radiotherapy
- brachytherapy.

You might also be offered high-intensity focused ultrasound (HIFU) or cryotherapy, but they are less common and only available in specialist centres in the UK or as part of a clinical trial.

We've included some information about monitoring and treatments for localised prostate cancer below. There's more information on each treatment, including the possible side effects, in our other fact sheets. Some treatments might not be suitable for you, so ask your doctor or nurse about which ones you can have.

How might my prostate cancer be monitored?

Active surveillance

This is a way of monitoring slow-growing localised prostate cancer. The aim is to avoid unnecessary treatment in men whose cancer is unlikely to spread – so you'll avoid or delay the side effects of treatment.

Active surveillance is suitable for men with CPG 1 or 2 prostate cancer. It is also sometimes suitable for men with CPG 3 prostate cancer who want to avoid or delay treatment. If you have CPG 4 or 5 prostate cancer, active surveillance won't be suitable for you.

Active surveillance involves monitoring your cancer with regular PSA tests, MRI scans and biopsies, rather than treating it straight away. If the tests show your cancer may be growing, or if you decide you want treatment, you'll be offered treatment that aims to get rid of the cancer, such as surgery, external beam radiotherapy or brachytherapy. Read more in our fact sheet,



Active surveillance.

Watchful waiting

This is a different way of monitoring prostate cancer that isn't causing any symptoms or problems. The aim is to keep an eye on the cancer and avoid treatment and its side effects. If you do get symptoms, you'll be offered hormone therapy to control the cancer and help manage your symptoms, rather than treatment to get rid of the cancer.

Watchful waiting involves having fewer tests than active surveillance. It's generally suitable for men with other health problems who aren't fit enough for treatments such as surgery or radiotherapy. It might also be suitable if your prostate cancer isn't likely to cause any problems during your lifetime or shorten your life. Read more in our fact sheet, **Watchful waiting.**



If you're offered active surveillance or watchful waiting, ask your doctor to explain which one you're being offered and why. There are key differences between them.

How might my prostate cancer be treated?

Surgery (radical prostatectomy)

This is an operation to remove the prostate, including the cancer inside it. There are three types of surgery:

- robot-assisted keyhole surgery (da Vinci® robot)
- keyhole (laparoscopic) surgery by hand
- open surgery.

Read more about surgery, including the possible side effects, in our fact sheet,




Surgery: radical prostatectomy.

External beam radiotherapy

This uses high-energy X-ray beams to destroy cancer cells from outside the body. If you are having radiotherapy, you might also have hormone therapy for six months before, during or after external beam radiotherapy. If there is a high risk of the cancer spreading outside your prostate, you may continue to have hormone therapy for up to three years after radiotherapy. The hormone therapy can help shrink the prostate and the cancer, making it easier to treat.

You may also be offered brachytherapy (see below) at the same time as external beam radiotherapy.

 Read more about external beam radiotherapy and hormone therapy, including the possible side effects, in our fact sheets, **External beam radiotherapy** and **Hormone therapy**.

Brachytherapy


This is a type of internal radiotherapy. It can be used on its own to treat localised prostate cancer that has a low or medium risk of spreading. It can also be used together with external beam radiotherapy to treat people with localised prostate cancer that has a high risk of spreading. This is done to give an extra dose of radiotherapy to the prostate. You might hear this called a brachytherapy 'boost'. There are two types of brachytherapy:

- **Permanent seed brachytherapy**, also called low dose-rate brachytherapy, involves putting tiny radioactive seeds into the prostate.
- **High dose-rate (HDR) brachytherapy**, sometimes called temporary brachytherapy, involves putting thin, hollow needles into the prostate. A source of radiation is then passed down the needles into the prostate for a few minutes to destroy cancer cells. The source of radiation is then removed, so no radiation is left inside your body.

You may have hormone therapy at the same time as brachytherapy if you have localised prostate cancer. If there is a high risk of the


cancer spreading outside the prostate, you may also have hormone therapy for up to three years after your brachytherapy treatment.

Brachytherapy isn't available in all hospitals. If your hospital doesn't offer it, your doctor may be able to refer you to one that does. Read more about brachytherapy, including the possible side effects, in our fact sheets,

 **Permanent seed brachytherapy** and **High dose-rate brachytherapy**.

High-intensity focused ultrasound (HIFU) and cryotherapy

HIFU uses ultrasound to heat and destroy cancer cells. Cryotherapy uses extreme cold to destroy cancer cells. These treatments are not available at many hospitals in the UK, but may be offered at specialist centres or as part of a clinical trial.

 Read more about HIFU, including the possible side effects, in our fact sheet, **High-intensity focused ultrasound (HIFU)**. You can also read more about cryotherapy on our website. Visit, prostatecanceruk.org/cryotherapy

Hormone therapy

Hormone therapy may be used alongside your main treatment for localised prostate cancer. Prostate cancer cells usually need the hormone testosterone to grow. Hormone therapy works by either stopping your body from making testosterone, or by stopping testosterone from reaching the cancer cells. Hormone therapy can shrink the prostate and the cancer inside it, which makes the cancer easier to treat. It can also make your main treatment more effective.

New (second generation) hormone therapy

Newer types of hormone therapy can be used to treat some men with localised prostate cancer. You may hear them called new or second-generation hormone therapy. They may be used in combination with your first-line hormone therapy treatment or when your prostate cancer has stopped responding to other types of hormone therapy.



Read more about hormone therapy in our factsheet, **Hormone therapy**. Read more about side effects and how to manage them in our booklet, **Living with hormone therapy: A guide for men with prostate cancer**.



Clinical trials

A clinical trial is a type of medical research that aims to find ways of preventing, diagnosing, treating and managing health problems. You can ask your doctor or nurse if there are any clinical trials you could take part in, or speak to our Specialist Nurses. You can also find details of some clinical trials for prostate cancer at www.cancerresearchuk.org/trials



Read more on our website. Visit, prostatecanceruk.org/clinical-trials

Making a decision about treatment

Do I need treatment?

This may seem like an odd question, but many localised prostate cancers grow too slowly to cause any problems or affect how long you live. So many men with localised prostate cancer will never need treatment.

If your test results show your cancer is unlikely to spread outside the prostate, you may decide to have your cancer monitored (see page 6). This means you won't have treatment unless the cancer starts to grow or you get symptoms. Instead, you'll have regular check-ups and tests, to check if your cancer is growing.

If you're thinking about having your cancer monitored, make sure you have all the information you need before you decide. Monitoring isn't right for everyone. Some men are happy to avoid treatment, but others may worry about not treating their cancer. Speak to your doctor or nurse about your own situation, or speak to our Specialist Nurses.



Choosing a treatment

The health professional involved in your care will talk you through your treatment options, and help you choose the right type of monitoring or treatment for you. You might not be able to have all of the treatments listed in this fact sheet. Ask your doctor or nurse which ones are suitable for you.

It's not always easy to make a decision about treatment. There are lots of things to think about, including:

- how much cancer you have inside your prostate
- how quickly your cancer may be growing
- your general health
- how long you're expected to live for
- how likely you are to die from your prostate cancer compared to other health problems
- what each treatment involves and its duration
- the possible side effects of each treatment, how these will affect your everyday life, and how you can manage them
- practical things, such as how often you would need to go to hospital
- your own thoughts about different treatments
- how the treatment you choose now would affect your treatment options in the future, if your cancer comes back or spreads.

There's no overall best treatment for localised prostate cancer, and each one has its own advantages and disadvantages. All treatments can have side effects. The type of side effects you get will depend on the treatment you choose, and on the experience and skill of the person treating you. So ask your surgeon, oncologist or radiographer about the results of the treatments they have done and the rates of side effects. You might not get all of the side effects, but it's important to think about how you would cope with them when choosing a treatment.

The first treatment you have may affect which other treatments you can have in the future, if you need further treatment. For example, you can usually have radiotherapy if your cancer comes back after surgery. But having surgery after you've had radiotherapy is less common, as it may be harder for a surgeon to operate and may have a higher risk of side effects. Speak to your doctor or nurse about this when deciding on a treatment.

Make sure you have all the information you need, and give yourself time to think about what is right for you. Your doctor or nurse can help you think about the advantages and disadvantages.

It can be hard to take everything in when you've just been diagnosed. And you may forget exactly what was said. It can help to write down any questions you want to ask at your next appointment. It's also a good idea to take someone with you to appointments, such as your partner, friend or family member.

Or if you are having a telephone or video appointment, you may want to put the phone on speakerphone so that your partner or a family member can also listen to the call. If your loved one doesn't live with you, you could ask if it's possible to include them in the phone call as well.

It can also help to write down or record what's said to help you remember it once you're home. Talk to your doctor or nurse first to make sure they are happy with you recording the appointment, as not everyone is comfortable being recorded.

You may want to ask your doctor to send you copies of all the letters that the hospital sends to the GP, so that you have all the details of your cancer and treatments. This can help you discuss any problems or questions with your doctor or nurse. If you have any questions, speak to our Specialist Nurses.



Your multi-disciplinary team (MDT)

This is the team of health professionals involved in your care. It is likely to include:

- **a specialist nurse** (also called a clinical nurse specialist, CNS or urology nurse specialist)
- **a urologist** (a surgeon who specialises in diseases of the urinary and reproductive systems, including prostate cancer)
- **an oncologist** (a doctor who specialises in cancer treatments other than surgery, such as radiotherapy, chemotherapy and hormone therapy)
- **a radiographer** (a person who takes X-rays and scans of the body, or who plans and gives external beam radiotherapy)
- **a radiologist** (a doctor who specialises in looking at X-rays and scans of the body)
- **a pathologist** (a doctor who looks at cells to diagnose diseases)
- **other health professionals**, such as a dietitian or physiotherapist.

Your MDT may meet to discuss your diagnosis and which treatments might be suitable for you. You might not meet them all straight away.

Your main point of contact might be called your key worker. They will co-ordinate your care, help you understand your diagnosis and treatment, and help you get appointments, information and support.

There's space to write down the names and contact details of all the people involved in your care in our booklet, **Prostate cancer: A guide if you've just been diagnosed**.



What will happen after my treatment?

If you decide to have treatment, you will have regular check-ups during and after your treatment to check how well it is working. You'll have regular PSA tests – ask the people treating you how often you'll have these. If your PSA level goes down this usually suggests your treatment is working. Tell your team about any side effects you're getting. There are usually ways to help manage side effects.

Make sure you have the details of someone to contact if you have any questions or concerns between check-ups. This might be your specialist nurse or key worker. You can also speak to our Specialist Nurses.



Read more about care and support after treatment in our booklet, **Follow-up after prostate cancer treatment: What happens next?** The booklet also has space to record details about your appointments and who to contact if you have any concerns between appointments.



What is my outlook?

You may want to know how successful your treatment is likely to be. This is sometimes called your outlook or prognosis. No one can tell you exactly what will happen, as it will depend on many things, such as the stage of your cancer and how quickly it might grow, your CPG (see page 5), your age, and any other health problems you might have.

Most localised prostate cancer is slow-growing and may not need treatment or shorten a man's life. For many men who have treatment for localised prostate cancer, the treatment will get rid of the cancer. For others, the cancer may come back. If this happens, you might need further treatment.

For more information about the survival statistics for men with prostate cancer, visit **www.cancerresearchuk.org**. The figures they provide are a general guide and they cannot tell you exactly what will happen to you. Speak to your doctor or nurse about your own situation.

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 any side effects so you know what to expect and how to manage them. This will help you decide what's right for you.

Talk to someone

Share what you're thinking – find someone you can talk to. It could be someone close or 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. Certain changes to your diet may also help with some side effects of treatment. 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. Physical activity can also help with some side effects of treatment. 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**.

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 help to speak to someone 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.

Trained counsellors

Many hospitals have counsellors or psychologists who specialise in helping people with cancer. You can also refer yourself for counselling on the NHS website, or you could see a private counsellor.


Support groups

At support groups, men get together to share their experiences of living with prostate cancer. Many groups also hold meetings online. Some groups are run by health professionals, others by men themselves.

Prostate Cancer UK services

We have a range of services to help you deal with problems caused by prostate cancer or its treatments, including:

- **our Specialist Nurses**, who can help with any questions in confidence
- **our one-to-one support service**, where you can speak to someone who understands what you're going through
- **our online community**, a place to ask questions or share experiences
- **our sexual support service**, delivered over the phone by a Specialist Nurse with a particular interest in sexual problems
- **our fatigue support**, speak to our Specialist Nurses about ways to help manage your fatigue.

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



The Specialist Nurses were there for me on the day I was diagnosed. They talked me through the scenarios and possible treatments. I don't know how I would have coped if this service had not been there

A personal experience

Questions to ask your doctor or nurse



You may find it helpful to keep a note of any questions you have to take to your next appointment.

What is my Gleason score and the stage of my cancer?

What is my CPG (Cambridge Prognostic Group) score?

What treatments are suitable for me? Could my cancer be monitored instead?

How quickly do I need to make a decision about treatment?

Can I join any clinical trials?

What are the advantages and disadvantages of each treatment? What are the side effects?

Are all the treatments available at my local hospital? If not, how could I have them?

Can I see the results of treatments you've carried out?

Can I get copies of all my test results and letters about my treatment?

If I have any questions or get any new symptoms, who should I contact?

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.

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.

Penny Brohn UK

www.pennybrohn.org.uk

Telephone: 0303 3000 118

Courses and physical, emotional and spiritual support for people 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, and other prostate problems. 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:

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- Oliver Hulson, Consultant Radiologist, Leeds Teaching Hospitals NHS Trust
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- 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.

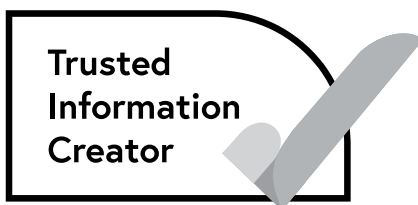
To make a donation of any amount, please call us on **0800 082 1616**, visit prostatecanceruk.org/donate or text **PROSTATE** to **70004**[†].

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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To be reviewed September 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.

Prostate Cancer UK is a registered charity in England and Wales (1005541) and in Scotland (SC039332). Registered company number 02653887.

