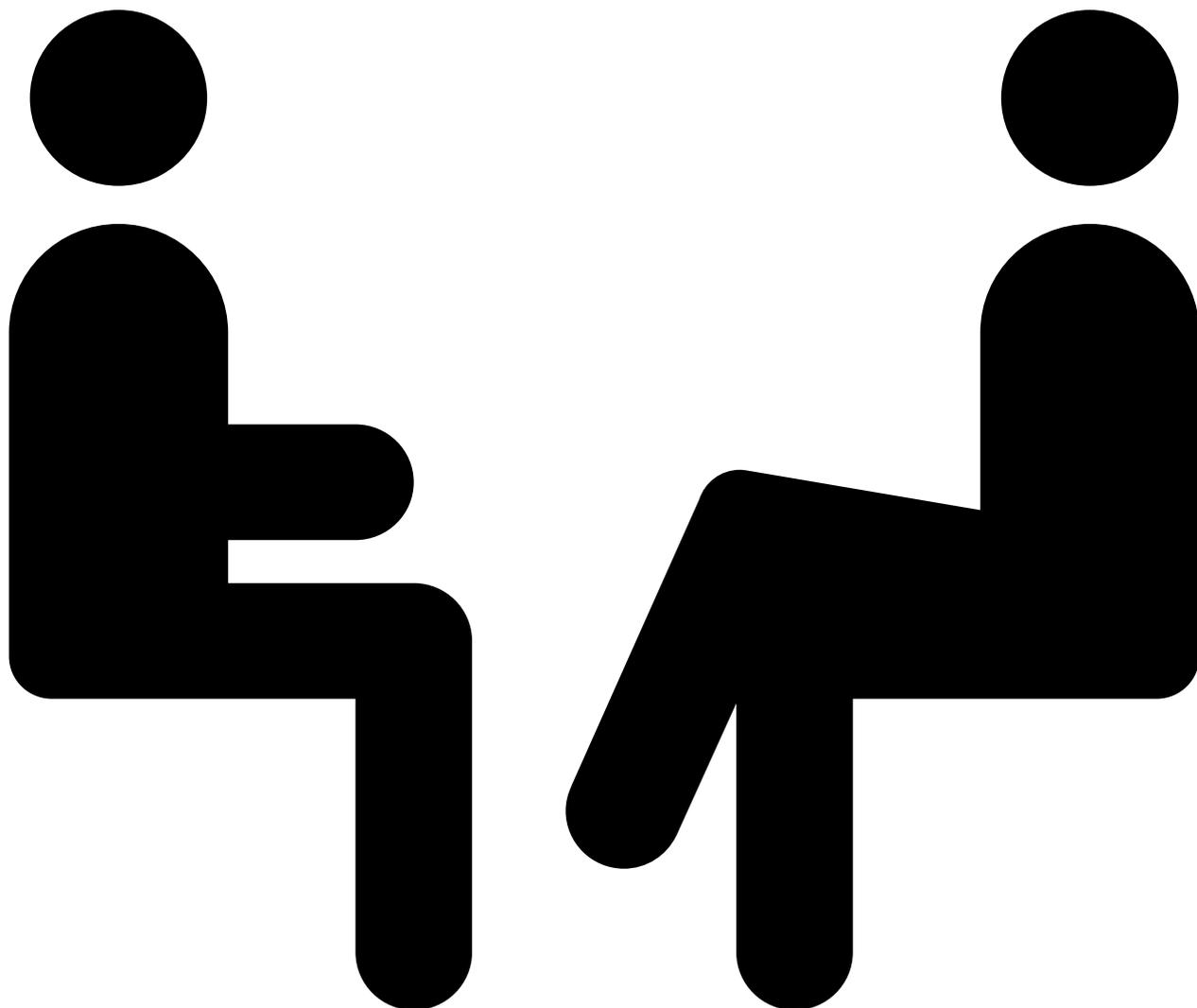


Prostate cancer

A guide if you've just
been diagnosed



**PROSTATE
CANCER UK**

About this booklet

This booklet is for anyone who's recently been diagnosed with prostate cancer. Your partner, family or friends might also find it helpful. We explain what prostate cancer is, the tests you may have to diagnose it, and the treatment options available. There's also information about where you can get support if you need it.

Each hospital will do things slightly differently. Use this booklet as a general guide to what to expect and ask your doctor or nurse for more details about your care and the support available to you. You can also speak to our Specialist Nurses, in confidence, on **0800 074 8383** or chat to them online.

You can use this booklet as your personal guide and write down any information that might be helpful to you on pages 54 to 60.

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If you've just been diagnosed with prostate cancer

If you've just been diagnosed with prostate cancer, you might feel scared, worried, stressed or even angry. Your feelings may change over time. There's no right way to feel and everyone reacts in their own way.

When you're told you have cancer, it can be a shock and you might find it difficult to take everything in. Thinking about your cancer and possible treatments can be stressful and you may have lots of questions. You may also feel anxious about the future and how having prostate cancer will affect your life and your loved ones.

There are people who are there to support you as well as things you can do to help yourself. You might find it helpful to read about prostate cancer and treatment options. And you can read more about getting support on page 48, or speak to our Specialist Nurses.

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.**



I called the Specialist Nurses on the day I was diagnosed. They talked me through the scenarios and possible treatments.

A personal experience

What is the prostate?

The prostate is a gland. It is usually the size and shape of a walnut and grows bigger as you get older. It sits underneath the bladder and surrounds the urethra, which is the tube that carries urine (wee) out of the body. The prostate's main job is to help make semen – the fluid that carries sperm.

Who has a prostate?

The following people have a prostate:

- men
- trans women*
- non-binary people who were registered male at birth**
- some intersex people.***

Trans, non-binary or intersex?

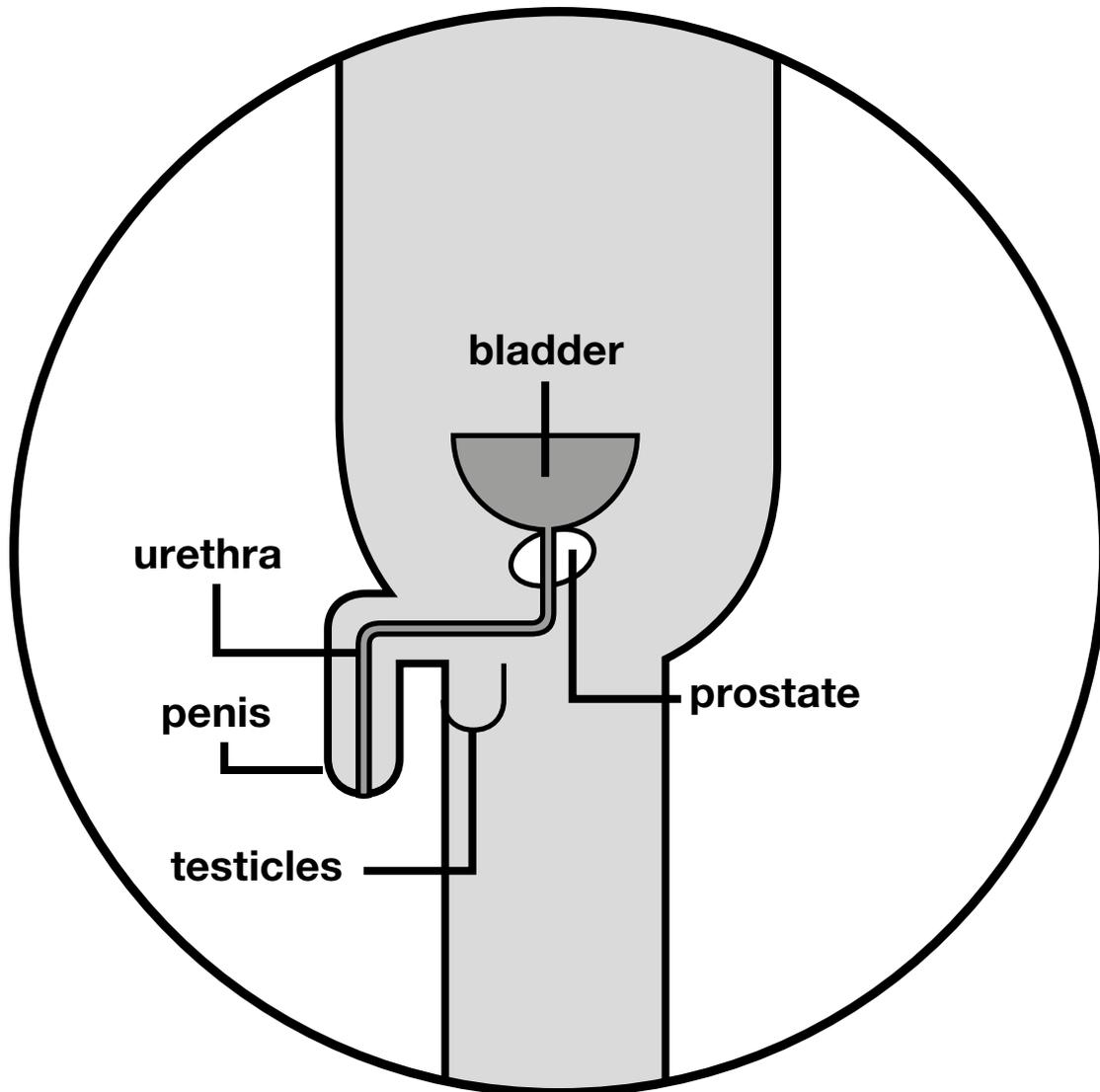
The information in this booklet has been developed based on guidance and evidence in men. If you are a trans woman, non-binary registered male at birth or intersex, some of this information may still be relevant to you – but your experience may be slightly different. For more information visit prostatecanceruk.org/trans-women

* A trans woman is someone who was registered male at birth and identifies as a woman. Trans women can develop prostate problems, even if they have taken hormones, or if they have had genital reconstructive surgery. The prostate is not removed during genital reconstructive surgery.

** A non-binary person does not identify as a man or a woman.

*** An intersex person may have both male and female sexual characteristics and so might have a prostate.

Where is the prostate?

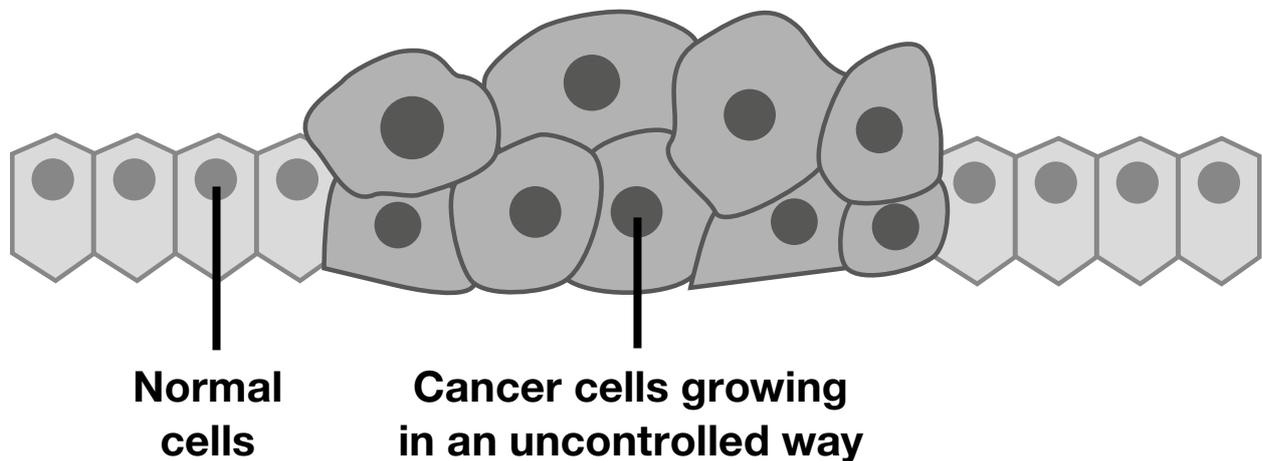


What is prostate cancer?

Normally, the growth of all cells is carefully controlled in the body. As cells grow old and die, new cells take their place. Cancer can develop when cells start to grow in an uncontrolled way. If this happens in your prostate, you have prostate cancer.

Prostate cancer is the most common cancer in men in the UK. About 1 in 8 men in the UK will be diagnosed with prostate cancer at some point in their lives.

How cancer develops



Most prostate cancer grows slowly or doesn't grow at all. It may never cause any problems or shorten a man's life. But some prostate cancer does grow quickly and is more likely to spread to other parts of the body and cause problems. This needs treatment to help prevent the cancer from spreading.

Most men with early prostate cancer don't have any symptoms. One reason for this is the way the cancer grows. You'll usually only get early symptoms if the cancer grows near the tube you urinate through (the urethra) and presses against it, changing the way you urinate (wee). But because prostate cancer usually starts to grow in a different part of the prostate, early prostate cancer doesn't often press on the urethra and cause symptoms.

Some men have tests for prostate cancer because they had urinary problems. But urinary problems are usually caused by other things that aren't cancer.

Find out more about prostate cancer by watching our online video, **Understanding your prostate cancer** at prostatecanceruk.org/just-diagnosed-video

How is prostate cancer diagnosed?

Prostate cancer is diagnosed using a number of tests, which we describe on the following pages. You might have already had some of these, but you may need further tests to find out whether the cancer has spread and how aggressive it is (how likely it is to grow and spread). You may not need to have all of these tests, and you might not have them in this order.

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

Prostate specific antigen (PSA) blood test

This is a test that measures the amount of prostate specific antigen (PSA) in your blood. PSA is a protein produced by normal cells in your prostate and also by prostate cancer cells. It's normal to have a small amount of PSA in your blood, and the amount rises as you get older. Read more in our booklet, **Understanding the PSA blood test: A guide for anyone concerned about prostate cancer**.

Digital rectal examination (DRE)

This is where the doctor or nurse feels your prostate through the wall of the back passage (rectum). They'll wear gloves and put some gel on their finger to make it more comfortable. They'll feel your prostate for any hard or lumpy areas and to get an idea of its size. Some men find the idea of having a DRE embarrassing or even upsetting. There's no right or wrong way to feel about this, and it's your choice whether or not you have a DRE.

MRI (magnetic resonance imaging) 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 multi-parametric 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

This involves using a thin needle to take small pieces of tissue from the prostate. The tissue is then looked at under a microscope to check for cancer.

CT (computerised tomography) scan

This can show whether the cancer has 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.

Bone scan

This can show whether any cancer cells have spread to your bones. A small amount of a safe radioactive dye is injected into a vein in your arm before you have the scan. If there is any cancer in the bones, the dye will collect in these areas and show up on the scan.

PET (positron emission tomography) scan

At some hospitals, you may be offered a PET scan. This can be used to check if cancer has spread to the bones, lymph nodes and other tissues. But it's more commonly used if your doctor suspects your cancer has come back after treatment, rather than when you are first diagnosed.

What do my test results mean?

Your doctor will use all your test results to find out if the cancer has spread and how quickly it is growing. 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.

PSA blood test results

It's normal to have a small amount of PSA in your blood, and the amount rises as you get older. Other things can raise your PSA level, including prostate cancer. But not all men with prostate cancer have a raised PSA level. You may have had a PSA test showing your PSA was raised, and then had other tests to diagnose your prostate cancer.

MRI scan results

A specialist called a radiologist looks at your MRI scan images. They specialise in diagnosing health problems using X-rays and scans. Your results will be used to decide if you need a biopsy and can help your doctor to decide what areas of the prostate to take biopsy samples from. If you have an MRI scan after a biopsy, the images will be used to see if your cancer has spread outside your prostate.

Biopsy results

Biopsy samples are looked at under a microscope to check for any cancer cells. Your doctor will be sent a pathology report with the results. The results will show if any cancer was found. They'll also show how many biopsy samples contained cancer and how much cancer was in each sample.

You might be sent a copy of the pathology report. And you can ask to see copies of letters between the hospital and your GP. If you have trouble understanding any of the information, ask your doctor or nurse to explain it or speak to our Specialist Nurses.

Your biopsy results will show how aggressive the cancer is (how likely it is to grow and spread). 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. Grades 1 and 2 are no longer included on pathology reports, as they are similar to normal cells. 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.

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 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 (see page 13).

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. The table below describes the different Gleason scores and grade groups that can be given after a prostate biopsy. This is just a guide. Your doctor or nurse will talk you through what your results mean.

Grade group	Gleason score	Description
1	6 (3 + 3)	All of the cancer cells found in the biopsy look likely to grow very slowly, if at all.
2	7 (3 + 4)	Most of the cancer cells found in the biopsy look likely to grow very slowly. There are some cancer cells that look likely to grow at a moderately quick rate.
3	7 (4 + 3)	Most of the cancer cells found in the biopsy look likely to grow at a moderately quick rate. There are some cancer cells that look likely to grow very slowly.

4	8 (3 + 5)	Most of the cancer cells found in the biopsy look likely to grow very slowly. There are some cancer cells that look likely to grow quickly.
	8 (4 + 4)	All of the cancer cells found in the biopsy look likely to grow at a moderately quick rate.
	8 (5 + 3)	Most of the cancer cells found in the biopsy look likely to grow quickly. There are some cancer cells that look likely to grow very slowly.
5	9 (4 + 5)	Most of the cancer cells found in the biopsy look likely to grow at a moderately quick rate. There are some cancer cells that look likely to grow quickly.
	9 (5 + 4)	Most of the cancer cells found in the biopsy look likely to grow quickly. There are some cancer cells that look likely to grow at a moderately quick rate.
	10 (5 + 5)	All of the cancer cells found in the biopsy look likely to grow quickly.

What type of prostate cancer do I have?

Your doctor will look at your biopsy results to see what type of prostate cancer you have. For most men who are diagnosed, the type of prostate cancer is called adenocarcinoma or acinar adenocarcinoma – you might see this written on your biopsy report. There are other types of prostate cancer that are very rare. If you're told you have a rare type of prostate cancer, read more on our website at prostatecanceruk.org/rare or speak to our Specialist Nurses.

What stage is my cancer?

You may need scans to find out the stage of your cancer – in other words, how far it has spread. Your doctor or nurse will let you know about any scans you need to have. The results should help you and your doctor decide which treatments might be suitable for you.

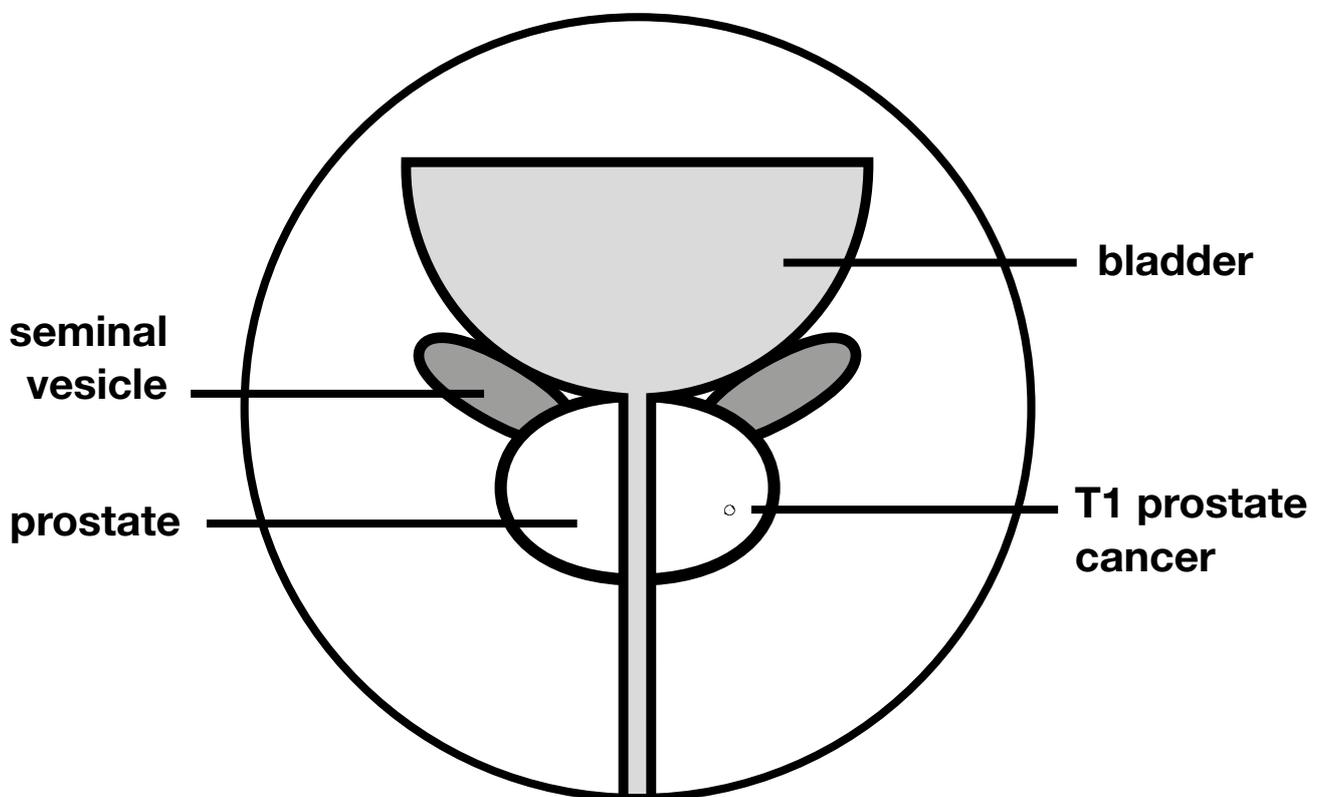
A common way to record the stage of your cancer is the TNM (Tumour-Nodes-Metastases) system.

T stage

The T stage shows how far the cancer has spread in and around the prostate. A MRI scan or DRE is usually used to find out the T stage, and sometimes a CT scan.

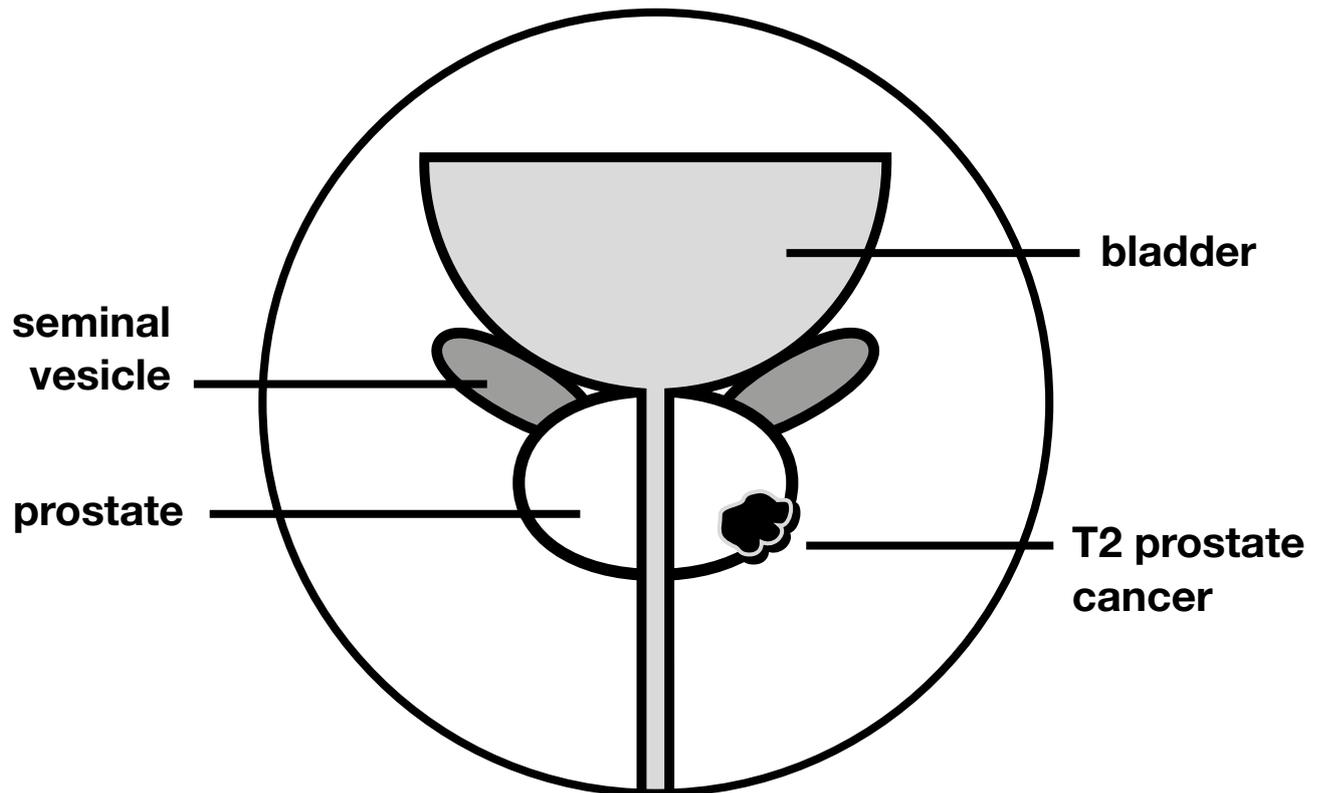
T1

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



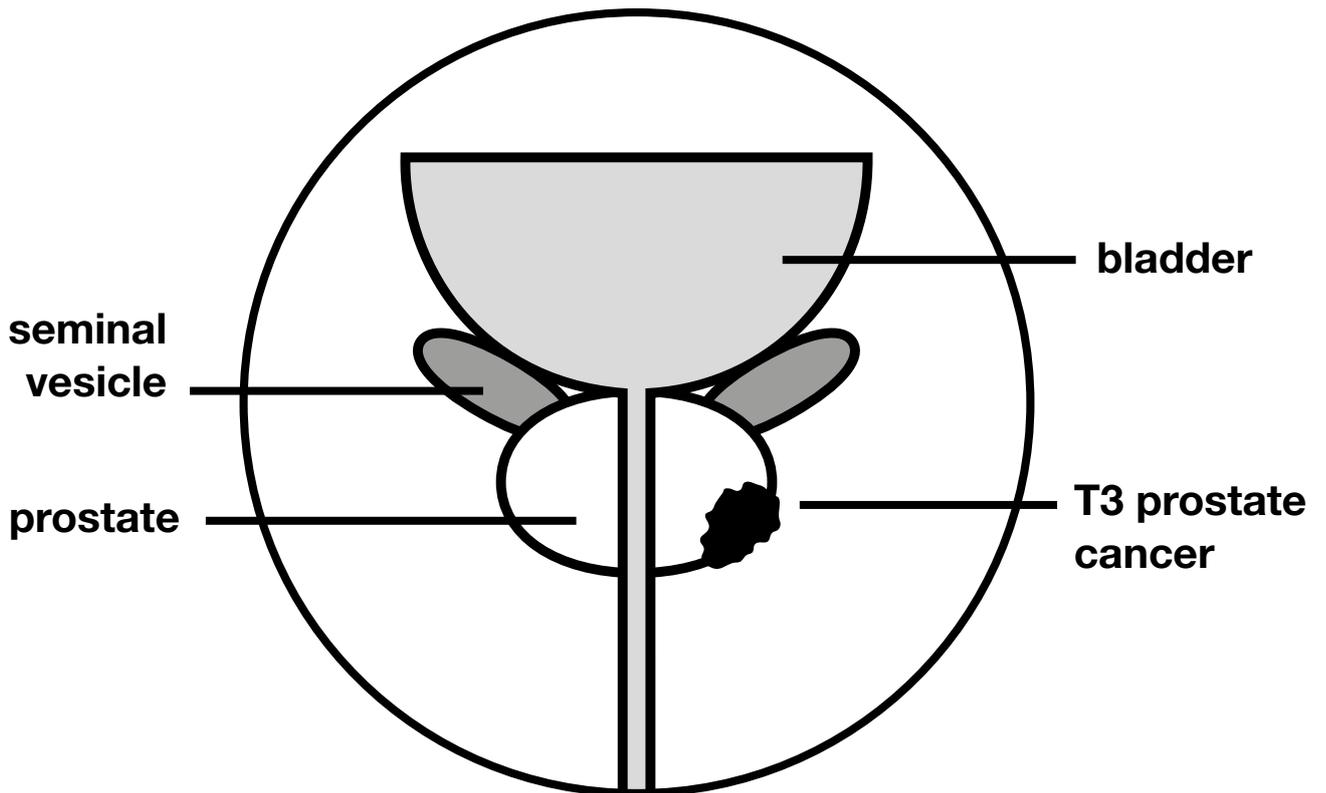
T2

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



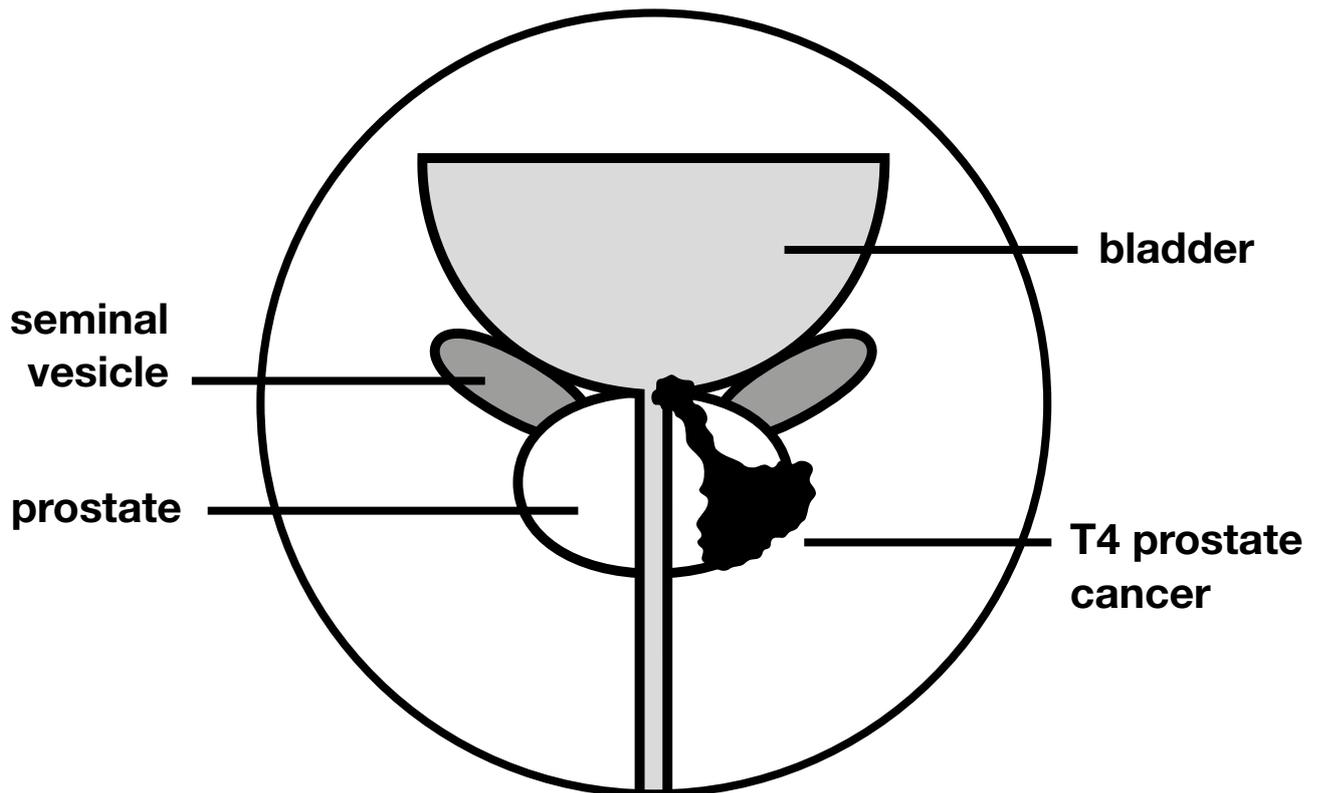
T3

The cancer can be felt during a DRE or seen breaking through the outer layer (capsule) of the prostate. It may also have spread to the seminal vesicles.



T4

The cancer has spread to nearby organs, such as the bladder, back passage or pelvic wall.



N stage

The N stage shows whether the cancer has spread to the lymph nodes near the prostate. The lymph nodes near your prostate are a common place for prostate cancer to spread to. An MRI or CT scan is used to find out your N stage.

The possible N stages are:

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

N0 No cancer can be seen in the lymph nodes.

N1 The lymph nodes contain cancer.

M stage

The M stage shows whether the cancer has spread (metastasised) to other parts of the body, such as the bones. A bone scan or MRI is usually used to find out your M stage.

The possible M stages are:

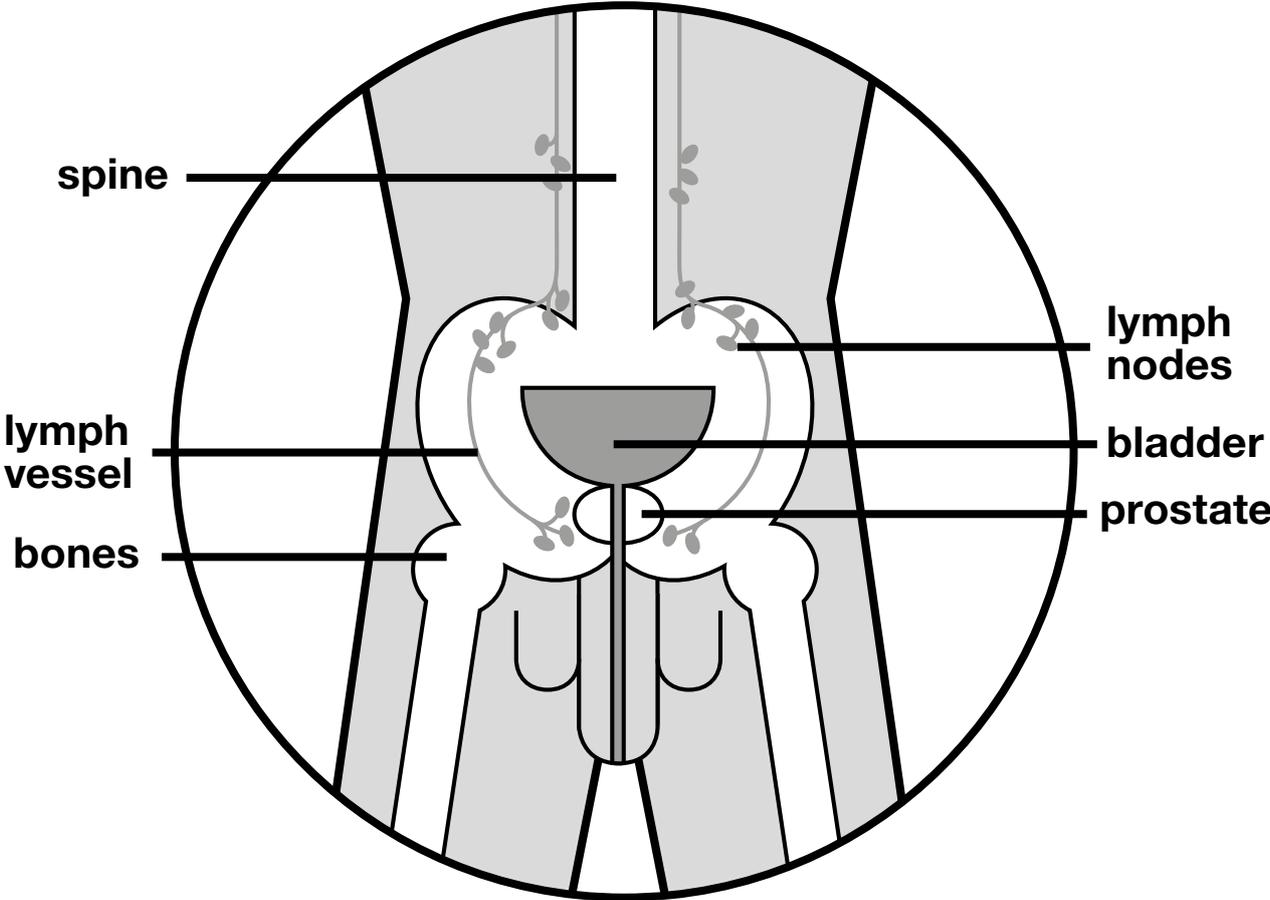
- MX** The spread of the cancer wasn't looked at, or the scans were unclear.
- M0** The cancer hasn't spread to other parts of the body.
- M1** The cancer has spread to other parts of the body.

If your cancer has spread to other parts of the body (M1), you will be diagnosed with advanced prostate cancer. M1 is split into M1a, M1b and M1c.

- M1a means the cancer has spread to lymph nodes outside of the pelvis
- M1b means the cancer has spread to the bone
- M1c means the cancer has spread to other parts of the body such as the liver or lungs.

How prostate cancer spreads

Prostate cancer cells can move to other parts of the body through the blood. Or they can spread to nearby lymph nodes and then travel through lymph vessels. Lymph nodes and lymph vessels are part of your lymphatic system, and are found throughout your body.



What does my stage mean?

Your TNM stage is used to work out if your cancer is localised, locally advanced or advanced.

Stage	Description	T stage	N stage	M stage
Localised (early)	Cancer that's contained inside the prostate.	T1 or T2	N0 or NX	M0 or MX
Locally advanced	Cancer that's started to break out of the prostate, or has spread just outside it.	T1 or T2	N1	M0
		T3 or T4	N0 or N1	M0
Advanced (metastatic)	Cancer that's spread from the prostate to other parts of the body.	Any T stage	Any N stage	M1

Localised prostate cancer

Localised prostate cancer is cancer that hasn't spread outside the prostate. You may also hear it called early prostate cancer. Many localised cancers are not aggressive and grow slowly or not at all. They may not cause any problems or shorten your life.

Slow-growing localised prostate cancer may not need to be treated and can often be monitored instead. But some localised cancers may grow more quickly and spread to other parts of the body. These cancers are more likely to cause problems and need to be treated.

Treatments for localised prostate cancer usually aim to get rid of the cancer. What you are offered will depend on how likely your cancer is to grow and spread outside your prostate (see page 24). Read more in our fact sheet, **Localised prostate cancer**.

Locally advanced prostate cancer

Locally advanced prostate cancer is cancer that's started to break out of the prostate, or has spread to the area just outside it. It can spread to the outer layer of the prostate (prostate capsule), seminal vesicles, bladder, back passage, pelvic wall or lymph nodes near your prostate. You might have treatment to get rid of the cancer or to keep it under control. Your treatment options will depend on how far the cancer has spread. Read more in our fact sheet, **Locally advanced prostate cancer**.

Cambridge Prognostic Group (CPG)

If you have localised or locally advanced prostate cancer, your doctor may talk to you about the risk of your cancer spreading outside of 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 CPG system does not apply if you have advanced prostate cancer (cancer that's spread from the prostate to other parts of the body). See page 27 for more information about advanced prostate cancer.

The five CPG categories are described on the next page. 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 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.

Advanced prostate cancer

Advanced prostate cancer is cancer that has spread from the prostate to other parts of the body. It's also called metastatic prostate cancer. Prostate cancer can spread to any part of the body, but it most commonly spreads to the bones and lymph nodes.

It's not possible to cure advanced prostate cancer, but treatments can keep it under control, often for years.

Advanced prostate cancer can cause symptoms, such as fatigue (extreme tiredness), pain in the back, hips or pelvis, and problems urinating. There are treatments available to help manage these symptoms. Read more in our fact sheet, **Advanced prostate cancer**.

What are my treatment options?

Your treatment options will depend on a number of things, including:

- the stage of your cancer (whether it is localised, locally advanced or advanced) (see page 22)
- how likely your cancer is to grow and spread
- your general health.

We've included a summary of the main treatments for prostate cancer on page 29. Some of these treatments may not be suitable for you, so talk to your doctor or nurse about which ones you can have. There's more information about choosing a treatment on page 40.

Ask your doctor or nurse to mark which treatments might be suitable for you. Read more about all of the available treatments on the following pages.



I'm pretty sure I would have had this treatment anyway, but I think I would have benefited from learning more about the options available.

A personal experience

Treatment options

Localised prostate cancer

- Active surveillance
 - Watchful waiting
 - Surgery (radical prostatectomy)
 - External beam radiotherapy (sometimes with hormone therapy)
 - Brachytherapy (either permanent seed or high dose-rate)
 - High-intensity focused ultrasound, but this isn't very common
 - Cryotherapy, but this isn't very common
-

Locally advanced prostate cancer

- External beam radiotherapy with hormone therapy (and sometimes with brachytherapy)
 - Hormone therapy alone, sometimes with chemotherapy
 - Surgery (radical prostatectomy)
 - Watchful waiting
-

Advanced prostate cancer

- Chemotherapy with hormone therapy
- Hormone therapy alone
- Radiotherapy with hormone therapy and sometimes chemotherapy
- Further treatments to control advanced prostate cancer
- Treatments to manage the symptoms of advanced prostate cancer

Active surveillance

This is a way of monitoring localised prostate cancer that's likely to be slow-growing. The aim is to avoid or delay unnecessary treatment in men with localised prostate cancer that is unlikely to spread. This means you can avoid or delay the possible side effects of treatment.

Active surveillance involves monitoring your cancer with regular tests, including PSA tests, MRI scans and biopsies, rather than treating it straight away. Ask your doctor or nurse what to expect. 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 completely, such as surgery, external beam radiotherapy or brachytherapy.

Active surveillance is suitable for men with CPG 1 or 2 localised prostate cancer. It's also sometimes suitable for men with CPG 3 localised prostate cancer, who want to avoid or delay treatment. Read more in our factsheet, **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 monitor the cancer and avoid or delay treatment and its side effects.

If you do get symptoms, such as problems urinating or bone pain, 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. Ask your doctor or nurse what to expect. 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 problems during your lifetime or shorten your life.

Read more in our fact sheet, **Watchful waiting**.

Monitoring your cancer

If you're offered active surveillance or watchful waiting, make sure you know which one your doctor is talking about. There are key differences between them. These terms aren't always used in the same way, and some doctors use different names such as 'active monitoring' and 'wait and see'. Ask your doctor to explain exactly what they mean if you're not sure.

Surgery (radical prostatectomy)

This is an operation to remove the whole prostate, including the cancer inside it. Your surgeon will also remove the seminal vesicles – two glands that lie behind the prostate and produce some of the fluid in semen. They may also remove nearby lymph nodes if there is a risk that the cancer has spread there.

There are three types of operation:

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

Surgery is usually offered to men with localised prostate cancer who are fit and healthy. It may also be an option for some men with locally advanced prostate cancer if the surgeon thinks it's possible to remove all the cancer that has spread outside the prostate.

Side effects can include leaking urine and erection problems. Side effects may improve over time but some men have side effects for longer. There are treatments available to help manage them.

After surgery, you won't be able to ejaculate any semen. But you can still feel the sensation of orgasm, but this may be less intense than before. Surgery will affect your ability to have children (fertility). If you're planning on having children, you may be able to store your sperm before the operation for use in fertility treatment.

Read more about surgery, including the side effects, in our fact sheet, **Surgery: radical prostatectomy**.

External beam radiotherapy

This treatment uses high-energy X-ray beams to destroy (kill) cancer cells from outside the body. These beams damage the cells and stop them from growing and spreading to other parts of the body. External beam radiotherapy treats the whole prostate, and sometimes the area around it.

Radiotherapy is suitable for men with localised and locally advanced prostate cancer, who will often have it with hormone therapy. You may have hormone therapy for six months before, during or after treatment. Your doctor may decide to give you hormone therapy for a shorter or longer period of time. For example, if there is a risk of the cancer spreading outside of the prostate to other parts of the body, you may have hormone therapy for up to three years.

If you've just been diagnosed with advanced prostate cancer, you may be offered external beam radiotherapy alongside your main treatment. External beam radiotherapy won't cure your cancer but research shows radiotherapy to the prostate can help some men who have just been diagnosed with advanced prostate cancer to live longer. This isn't suitable for all men and will depend on how far your cancer has spread. Read more in our fact sheet, **Radiotherapy for advanced prostate cancer**.

Side effects can include problems urinating, bowel problems such as passing loose or watery bowel movements (diarrhoea), erection problems, and extreme tiredness (fatigue). Side effects can develop during treatment and may get better with time. But for some men they can be long-term. And some men may develop side effects several months or years after having radiotherapy. There are treatments available to help manage side effects.

Read more about external beam radiotherapy, including the side effects, in our fact sheet, **External beam radiotherapy**.

Brachytherapy

This is a type of internal radiotherapy. There are two types of brachytherapy – permanent seed brachytherapy and high dose-rate brachytherapy.

- **Permanent seed brachytherapy**, also called low dose-rate brachytherapy, involves putting tiny radioactive seeds into the prostate. The seeds release radiation for 8 to 10 months but stay in the prostate forever. You may have permanent seed brachytherapy on its own if you have localised prostate cancer that has a low or medium risk of spreading.
- **High dose-rate (HDR) brachytherapy**, also 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 HDR brachytherapy on its own to treat localised prostate cancer that has a low or medium risk of spreading.

If you have localised or locally advanced prostate cancer, you may have brachytherapy together with external beam radiotherapy to give an extra dose of radiation to the prostate. This is known as a brachytherapy ‘boost’.

You might have hormone therapy to shrink the prostate for a few months before starting brachytherapy.

Side effects can include urinary and erection problems. Men who have brachytherapy may also get bowel problems, although these tend to be mild. There are treatments available to help manage these side effects.

Read more about brachytherapy, including the side effects, in our fact sheets, **Permanent seed brachytherapy** and **High dose-rate brachytherapy**.

High-intensity focused ultrasound (HIFU)

HIFU uses ultrasound to heat and destroy cancer cells in the prostate. It is newer than some other treatments for prostate cancer, so we don't know how well it works in the long term (after 10 years). Because of this, HIFU is not very common and it's only available in specialist centres in the UK or as part of a clinical trial.

HIFU can be used to treat localised prostate cancer. It may also be used to treat locally advanced prostate cancer that has only just started to break out of the prostate. It can also be used to treat cancer that has come back after radiotherapy.

Side effects can include urinary and erection problems. These side effects may improve over time, and there are ways to help manage them. Read more about HIFU, including the side effects, in our fact sheet, **High-intensity focused ultrasound (HIFU)**.

Cryotherapy

Cryotherapy uses extreme cold to freeze and destroy cancer cells. It's newer than some of the other treatments for prostate cancer, so we don't know as much about the risk of side effects and how well it works in the long term. Because of this, cryotherapy is not very common and it's only available in specialist centres in the UK or as part of a clinical trial.

Cryotherapy can be used to treat localised prostate cancer and locally advanced prostate cancer that has only just started to break out of the prostate. It can also be used to treat prostate cancer that has come back after treatment with radiotherapy.

Side effects can include urinary and erection problems. These side effects may improve over time, and there are ways to help manage them. Read more about cryotherapy, including the side effects, on our website. Visit [**prostatecanceruk.org/cryotherapy**](http://prostatecanceruk.org/cryotherapy)

Hormone therapy

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.

It will treat all prostate cancer cells, wherever they are in the body. Hormone therapy won't get rid of your prostate cancer, but it can keep the cancer under control, often for years.

Hormone therapy is often used with radiotherapy to treat localised or locally advanced prostate cancer. Hormone therapy will be a life-long treatment for most men with advanced prostate cancer. If you've just been diagnosed with advanced prostate cancer, you may be offered chemotherapy and sometimes external beam radiotherapy at the same time as your hormone therapy.

There are three main ways to have hormone therapy for prostate cancer:

- injections or implants
- tablets
- surgery (orchidectomy) to remove the testicles or the parts of the testicles that make testosterone.

The side effects of hormone therapy are usually caused by low testosterone levels. They can include:

- hot flushes
- loss of desire for sex
- problems getting or keeping an erection
- extreme tiredness (fatigue)
- breast swelling or tenderness (gynaecomastia)
- weight gain.

The chances of getting each side effect depend on the type of hormone therapy you're having and how long you have it for. There are ways to help manage side effects.

New (second generation) hormone therapy

There are newer types of hormone therapy that can be used to treat some men with 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. They include abiraterone (Zytiga[®]), enzalutamide (Xtandi[®]), apalutamide (Erleada[®]) and darolutamide (Nubeqa[®]).

Read more about hormone therapy, including the side effects, in our publications, **Hormone therapy** and **Living with hormone therapy: A guide for men with prostate cancer**.

Chemotherapy

Chemotherapy uses anti-cancer drugs to kill prostate cancer cells, wherever they are in the body. It doesn't get rid of prostate cancer, but it aims to shrink it and slow down its growth.

Chemotherapy is usually used to treat advanced prostate cancer. It can be used at the same time as hormone therapy in men who have just been diagnosed with advanced prostate cancer. It can also be given to men whose cancer has stopped responding to hormone therapy (see page 38). Chemotherapy is sometimes used in addition to other treatments to treat localised and locally advanced prostate cancer that your doctor thinks could have a high chance of spreading to other parts of the body.

You need to be quite fit to have chemotherapy because the side effects can be harder to deal with if you have other health problems.

Side effects include extreme tiredness (fatigue), feeling and being sick, loss of appetite, hair loss, bowel problems, a sore mouth, and being less able to fight off infections. These side effects usually gradually improve after you finish treatment.

Read more about chemotherapy, including the side effects, in our fact sheet, **Chemotherapy**.

Triplet therapy

Triplet therapy is a new treatment. It combines the hormone therapy, darolutamide with both standard hormone therapy and chemotherapy (docetaxel). Triplet therapy is a treatment for men with newly diagnosed hormone-sensitive advanced prostate cancer. This means your prostate cancer has spread to other parts of the body but can be treated with hormone therapy.

Triplet therapy had been shown to help some men live longer. It won't cure your prostate cancer, but it may help keep it under control. Speak to your doctor or nurse to find out if triplet therapy is suitable for you. Read more on our website, visit prostatecanceruk.org/triplet-therapy

Further treatments to control advanced prostate cancer

Hormone therapy, often with chemotherapy, is a common first treatment for advanced prostate cancer. Over time, hormone therapy may become less effective, but there are other treatments available that can help control the cancer and help men live longer.

- **More hormone therapy** can help control your cancer. You might be offered newer types called abiraterone (Zytiga®) or enzalutamide (Xtandi®).
- **More chemotherapy** might be an option if your hormone therapy is no longer working so well.
- **Radium-223 (Xofigo®)** is a type of internal radiotherapy. It can help some men whose cancer has spread to the bones to live longer, and can also help reduce bone pain.
- **Steroids** can stop the body from producing as much testosterone. They may also help improve your appetite and energy levels, and can treat pain.
- **Olaparib (Lynparza®)** is a drug used to treat men who are known to have a BRCA1 or BRCA2 gene change (mutation), and whose hormone therapy is no longer working so well.

Read more in our fact sheet, **Treatment options after your first hormone therapy.**

Treatments to manage the symptoms of advanced prostate cancer

If you've been diagnosed with advanced prostate cancer and have symptoms such as bone pain, there are treatments to manage these.

- **Pain-relieving drugs** can help manage any pain.
- **Radiotherapy** can slow down the growth of the cancer and manage symptoms.
- **Drugs called bisphosphonates** can strengthen the bones in men whose bones have been weakened by their prostate cancer or by hormone therapy. Bisphosphonates are also sometimes used to help relieve and prevent further bone pain.

Read more about these and other treatments to help manage symptoms of advanced prostate cancer in our fact sheets, **Managing pain in advanced prostate cancer**, **Radiotherapy for advanced prostate cancer** and **Bisphosphonates for advanced prostate cancer**.

Clinical trials

A clinical trial is a type of medical research. Clinical trials aim to find new and improved ways of preventing, diagnosing, treating and managing health problems such as prostate cancer. 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 at prostatecanceruk.org/clinical-trials

Choosing a treatment

Depending on how far your cancer has spread, you may have a choice of treatments. If so, your doctor or nurse 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 booklet. Ask your doctor or nurse which ones are suitable for you.

It's not always easy to make a decision about treatment and there are lots of things to think about. These include:

- how far your cancer has spread (its stage)
- how quickly your cancer may be growing
- the advantages and disadvantages of each treatment, including the possible side effects
- what each treatment involves
- practical things, such as how often you would need to go to hospital, or how far away your nearest hospital is
- your own thoughts about different treatments
- how the treatment you choose now could affect your treatment options in the future, if your cancer comes back or spreads (see page 42)
- your general health
- how long you're expected to live for.

All treatments can have side effects. These will affect everyone differently, and you might not get all the possible side effects. It's important to think about how you would cope with the different side effects when choosing a treatment.

Make sure you have all the information you need, and give yourself time to think about which treatment 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 might want to ask at your next appointment. It can also help to take someone with you to appointments, such as your partner, friend or family member.

You may have telephone or video appointments with your GP, hospital doctor or specialist nurse. 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. 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.

Support when choosing a treatment

There should be a clinical nurse specialist (CNS) in the room when you get your test results. You should be given their name and telephone number to get in touch if you have any questions.

You can also call our Specialist Nurses on **0800 074 8383**. They can help with any questions you have, or put you in touch with other men who have been diagnosed with prostate cancer. Page 48 has more information on these and other support services available to you and your loved ones.



I think the most confusing bit was being given a choice of treatments – you sort of expect to be told what the treatment will be, not have to decide yourself. It's a lot to take in.

A personal experience

If you need further treatment

If your cancer comes back after treatment that aimed to get rid of it, the first treatment you have had may affect which treatments you can have in the future.

Some of these treatments may not be suitable for you, so speak to your doctor or nurse about your own situation.

The table below shows which treatments may be possible after your first treatment. You might hear these called second-line treatments.

First treatment for prostate cancer	Second-line treatments that may be available
Surgery (radical prostatectomy)	<ul style="list-style-type: none">• Radiotherapy to the prostate bed (with or without hormone therapy)• Hormone therapy

<p>External beam radiotherapy</p>	<ul style="list-style-type: none"> • Hormone therapy • High-intensity focused ultrasound (HIFU) • Cryotherapy • Brachytherapy • Surgery, but this isn't common
<p>Permanent seed brachytherapy or high dose-rate (HDR) brachytherapy</p>	<ul style="list-style-type: none"> • Hormone therapy • External beam radiotherapy • More brachytherapy • Surgery, but this isn't common • Cryotherapy • HIFU, but this is rare and only offered in specialist centres
<p>High-intensity focused ultrasound (HIFU)</p>	<ul style="list-style-type: none"> • More HIFU • External beam radiotherapy • Brachytherapy • Cryotherapy • Hormone therapy • Surgery, but this is rare
<p>Cryotherapy</p>	<ul style="list-style-type: none"> • More cryotherapy • HIFU • External beam radiotherapy • Brachytherapy • Hormone therapy • Surgery, but this is rare

If your prostate cancer has spread to other parts of your body, you might be offered chemotherapy at the same time as hormone therapy. See page 37 for more information. Read more about treatments that are available if your cancer comes back in our booklet, **If your prostate cancer comes back: A guide to treatment and support.**

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.**



Everyone's experience of cancer, whether you are the patient or the carer, is very, very unique and I don't think anybody can tell you how you should behave.

A personal experience

What is my outlook?

You might want to know how prostate cancer will affect you and whether you are likely to die from prostate cancer. This is sometimes called your outlook or prognosis. Most prostate cancer grows slowly and may never cause any problems or shorten a man's life. So having prostate cancer doesn't necessarily mean that you'll die from it.

No one can tell you exactly what will happen, as this will depend on many things, including the following.

- **Your stage.** If you are diagnosed with localised prostate cancer, you may not need treatment or you will have treatment that aims to get rid of the cancer. If you are diagnosed with locally advanced prostate cancer, you may have treatment that aims to get rid of the cancer or keep it under control. If you are diagnosed with advanced prostate cancer, the treatment won't cure your cancer but it can help to keep it under control.
- **Your Gleason score or grade group.** The higher your Gleason score or grade group, the more aggressive the cancer, and the more likely it is to spread (see page 11).
- **Your PSA level.** After you've been diagnosed, PSA tests are a good way of monitoring your prostate cancer and seeing how you're responding to treatment.
- **Your treatment options.** You may be able to have treatment aimed at getting rid of the cancer. Or you may be able to have treatment to keep the cancer under control.
- **How successful your treatment is.** Your treatment may be successful at getting rid of your cancer or keeping it under control. But for some men, treatment may not work as well as expected.
- **Your health.** If you have other health problems, you may have fewer treatment options. And other health conditions may cause more problems than your prostate cancer.

Most men are diagnosed at a stage where treatment can either get rid of their cancer, or keep it under control. But a small number of men are diagnosed with cancer that is already very advanced. If your doctor has explained that this is the case you may want to read our information on what to expect at prostatecanceruk.org/advanced-prostate-cancer

For more information about outlook and 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.

Talking to your family

You might be worried about telling your friends and family that you have cancer. You might be concerned about how they'll react or if you'll upset them.

It can be difficult to know how to start a conversation. Try to find a quiet place and explain to them that you have prostate cancer. You might find it helpful to show them this booklet.

Ask them if they have any questions. If you don't know the answers, you could write down their questions and ask your doctor or nurse at your next appointment.

If you don't feel able to tell your friends and family, you could ask someone you trust to tell people for you.

Macmillan Cancer Support have information that can help you work out where to start and make these conversations a bit easier. It includes information about talking to children.

Talking to male family members about their own risk of prostate cancer

If you have brothers or sons, you might want to talk to them about their own risk of prostate cancer. This is because men are two and a half times more likely to get prostate cancer if their father or brother has had it, compared to someone who doesn't have any relatives who have been diagnosed with prostate cancer.

They should talk to their doctor or nurse about their risk, particularly if they are 45 or over. Read more about this in our booklet, **Know your prostate: A guide to common prostate problems.**

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 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 others 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.



I found talking on the phone to an experienced Prostate Cancer UK nurse very helpful.

A personal experience

Trained counsellors

Many hospitals have counsellors or psychologists who specialise in helping people with cancer – ask your doctor or nurse 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 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.

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. Some groups have been set up by health professionals, others by men themselves.



There is nothing like talking to someone who has been there.

A personal experience

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 experiences 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.

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

Spiritual support

You might begin to think more about spiritual beliefs as a result of having prostate cancer. You could get spiritual support from your friends, family, religious leader or faith group.

Practical issues

You might need to make decisions about things like work and money. Read more about this in our booklet, **Living with and after prostate cancer: A guide to physical, emotional and practical issues**.

Free prescription

If you live in England and are having treatment for cancer, including treatments for symptoms or side effects, you are entitled to free prescriptions. You'll need to apply for a medical exemption certificate. Ask your doctor for an FP92A form. Once you have filled out the form, your doctor will need to sign it, and the certificate will be sent to you. You will need to take the certificate with you whenever you collect a prescription. You can find out more about free prescriptions on the NHS website.

If you live in Scotland, Wales or Northern Ireland, all prescriptions are free.

List of medical words

Gleason grade

When prostate cells are seen under the microscope, they 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 (see page 11).

Gleason score

This 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. If you have cancer, the higher the Gleason score, the more likely the cancer is to grow and spread outside the prostate (see page 12).

Lymph nodes

Small bean-shaped glands that are part of the lymphatic system. They are clustered in various places around the body. The lymph nodes near the prostate are a common place for prostate cancer to spread to. Sometimes called lymph glands.

Metastasis

The spread of prostate cancer cells from the prostate to other parts of the body and becoming advanced. It can also be called mets, secondary cancers, or secondaries. A cancer that has spread is said to have metastasised.

Oncology department

The hospital department that deals with the diagnosis and treatment of cancer. An oncologist is a doctor who specialises in cancer treatments other than surgery, such as radiotherapy or chemotherapy. There will usually be an oncologist in your team of health professionals.

Prostate specific antigen (PSA)

A protein produced by normal cells in the prostate, and also by prostate cancer cells. It's normal for all men to have a small amount of PSA in their blood. A raised PSA level can be caused by a number of things including age, a urine infection, an enlarged prostate and prostate cancer.

Seminal vesicles

Two glands located behind the prostate and bladder that produce some of the fluid in semen.

Urology department

The hospital department that deals with the diagnosis and treatment of diseases of the urinary system, including prostate cancer. Urologists are surgeons who operate on the prostate. There will usually be a urologist in your team of health professionals.

Uro-oncology

The diagnosis and treatment of cancers of the urinary system, including prostate cancer.

What are my test results?

Use this section with your doctor or nurse to write down your test results and appointment dates.

PSA level at diagnosis:

MRI scan results:

Number of biopsy samples taken:

Number of biopsy samples that contain cancer:

Gleason score and grade:

Cambridge prognostic group:

T stage at diagnosis (if known):

N stage at diagnosis (if known):

M stage at diagnosis (if known):

Date of further MRI scan (if needed):

Results of MRI scan:

Date of CT scan (if needed):

Results of CT scan:

Date of bone scan (if needed):

Results of bone scan:

The cancer is (tick one):

- localised** – contained inside the prostate
- locally advanced** – starting to break out of the prostate or spread to the area just outside it
- advanced** – spread from the prostate to other parts of the body

Treatment plan:

My next appointments are with my (tick those that apply):

- urologist
- specialist nurse
- oncologist
- other.

You can record details of future appointments on page 59.

Who are my team members?

Use this space to write down the names and contact details of the health professionals who will be involved in your care. You may hear them called your multi-disciplinary team (MDT). They will discuss your individual diagnosis and agree on which treatment options would be suitable for you.

We've listed the health professionals who are likely to be most involved in your care, but you might not see all of them. You're likely to meet more of them later on when you begin treatment or have check-ups.

Specialist nurse

You may have a urology, uro-oncology or prostate cancer specialist nurse. You may hear them called a clinical nurse specialist (CNS). They can answer any questions you may have, and might carry out some of your tests, treatments and follow-up care.

Name:

Telephone:

Notes:

Main contact (key worker)

Your main point of contact might be called your key worker. This could be your specialist nurse or another health professional. They will help to co-ordinate your care, guide you to the appropriate team member and help you get information.

Name:

Telephone:

Notes:

Consultant urologist

This type of doctor specialises in the urinary and reproductive systems. Urologists are surgeons.

Name:

Telephone:

Notes:

Consultant oncologist

This type of doctor specialises in cancer treatments other than surgery, such as radiotherapy.

Name:

Telephone:

Notes:

Other health professionals

You can write down contact details of other health professionals in the space below.

General practitioner (GP):

Practice nurse:

Other health professionals:

Our Specialist Nurses: 0800 074 8383

Your local support group:

You can find out about your nearest local support group from your nurse, or on our website at **prostatecanceruk.org/support-groups**

Questions to ask your doctor or nurse

Which treatments are available to me?

Are there any clinical trials I could take part in?

How long do I have to decide on my treatment?

Will my treatment aim to get rid of the cancer or to control it?

What are the side effects of the treatment?

What support is available if I do get side effects?

What are the chances of the treatment being successful?

What happens if the cancer comes back again?

What check-ups will I have after treatment?

Who can I contact if I have questions or concerns?

Appointment diary

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 these pages so you have enough copies to last you for a while.

Date of appointment:

Fill in before your appointment

How I've been feeling – you can include physical things (for example, side effects of treatment) as well as emotional things.

Things I want to talk about at my appointment:

- | | |
|---|---|
| <input type="checkbox"/> urinary problems | <input type="checkbox"/> emotional or mood problems |
| <input type="checkbox"/> sexual problems | <input type="checkbox"/> diet and physical activity |
| <input type="checkbox"/> bowel problems | <input type="checkbox"/> work and finances |
| <input type="checkbox"/> fatigue problems | <input type="checkbox"/> other |

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

My questions or concerns:

Answers to my questions or concerns:

Advice from my doctor or nurse:

PSA level:

Date and time of next appointment:

More information from us

The Tool Kit

The Tool Kit information pack contains fact sheets that explain how prostate cancer is diagnosed, how it's treated and how it may affect your lifestyle. Each treatment fact sheet also includes a list of suggested questions to ask your doctor. Call our Specialist Nurses for a personally tailored copy

Leaflets and booklets

We have a range of other leaflets and booklets about prostate cancer and other prostate problems.

To order publications:

All our publications are free and available to order or download online. To order them:

- Call us on **0800 074 8383**
- Visit our website at **prostatecanceruk.org/publications**

Call our Specialist Nurses

If you want to talk about prostate cancer or other prostate problems, call our Specialist Nurses in confidence. You can also text NURSE to 70004, or you can email or chat online with our nurses on our website. Visit **prostatecanceruk.org/get-support**



**Speak to our
Specialist Nurses**

0800 074 8383*

prostatecanceruk.org

* Calls are recorded for training purposes only. Confidentiality is maintained between callers and Prostate Cancer UK.

Other useful organisations

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.

Citizens Advice

www.citizensadvice.org.uk

Telephone: 0800 144 8848 (England)

0800 702 2020 (Wales)

Advice on a range of issues including financial and legal matters. Find your nearest Citizens Advice in the phonebook or online.

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.

NHS 111 Wales

www.111.wales.nhs.uk

Telephone: 111

Provides health advice 24 hours a day, and lists local health services in Wales.

NHS Inform

www.nhsinform.scot

Telephone: 0800 22 44 88

Health information and details of NHS and other support services in Scotland.

NHS website

www.nhs.uk

Information about conditions, treatments and lifestyle.

Support for carers and a directory of health services in England.

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 for people with cancer and their loved ones.

Samaritans

www.samaritans.org

Telephone: 116 123

Confidential, judgement-free emotional support, 24 hours a day, by telephone, email, letter or face to face.

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.

At Prostate Cancer UK, we take great care to provide up-to-date, unbiased and accurate facts about prostate diseases. 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 booklet are available at **prostatecanceruk.org**

This publication was written and edited by:
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- Alastair Thomson, Consultant Clinical Oncologist, Royal Cornwall Hospitals NHS Trust
- Our Specialist Nurses
- Our volunteers.

Tell us what you think

If you have any comments about our publications, you can email: **yourfeedback@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 prostate cancer 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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**Speak to our
Specialist Nurses
0800 074 8383*
prostatecanceruk.org**



Patient Information Forum

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Follow us on Twitter: **@ProstateUK**

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**Call our Specialist Nurses 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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