

How prostate cancer is diagnosed



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This fact sheet is for anyone who would like to know more about how prostate cancer is diagnosed. We describe the tests used to diagnose prostate cancer and explain what the results may show.

You might not need to have all the tests we describe, so ask your doctor or nurse which ones are relevant for you. You can also speak to our Specialist Nurses on 0800 074 8383.

This fact sheet is also available in large print on our website.

How is prostate cancer diagnosed?

You might go to your GP if you have symptoms such as problems going for a pee (urinating) or if you're worried about prostate problems. Some things might also make you more likely to get prostate cancer, including your age, family history and your ethnicity.

Prostate cancer and non-cancerous prostate problems, such as an enlarged prostate, can cause similar symptoms but are treated

differently – so it's important to get the right diagnosis. Most men with early prostate cancer don't have any symptoms.

Read more about prostate problems – including symptoms and things that might mean you're more likely to get prostate cancer – in our booklet, **Know your prostate: A guide to common prostate problems.**

There is no single test to diagnose prostate cancer, but there are a few tests that your GP can do to find out if you have a prostate problem. The main tests include:

- a urine test to rule out infection
- a prostate specific antigen (PSA) blood test – see page 2
- a digital rectal examination (DRE) – see page 2.

Before you have these tests, your GP should explain what they involve and talk you through the pros and cons. They can help you understand more about prostate cancer and whether you're more likely to get it. It's up to you whether or not you have the tests, so make sure you've got all the information you need, and give yourself time to think it through.




Once you've had the tests, your GP will talk through the results with you. If they think you may have a prostate problem, they might make an appointment for you to see a specialist at a hospital.

You might have further tests at the hospital.

These include:

- another PSA test
- a DRE (examination of the prostate using a finger through the wall of the back passage)
- a biopsy (see page 3)
- an MRI (magnetic resonance imaging) scan (see page 9)
- a CT (computerised tomography) scan (see page 9)
- a bone scan with or without X-rays (see page 10)
- an ultrasound scan (see page 3)
- a urine flow test (see page 3).

If you're worried about these tests or would like more information, speak to your doctor or nurse.

 Or you can speak to our Specialist Nurses.



Have you already been diagnosed with prostate cancer? Read our booklet **Prostate cancer: A guide for men who've just been diagnosed**.

What tests are done by my GP?

PSA test

The PSA test is a blood test that measures the total amount of prostate specific antigen (PSA) in your blood. PSA is a protein produced by normal cells in the prostate and 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. A raised PSA may show that you have a problem with your prostate, but not necessarily cancer. This is because a number of things can cause your PSA level to rise – including age, an enlarged prostate, infection, vigorous exercise and recent ejaculation, as well as prostate cancer.

A PSA test alone can't tell you whether you have prostate cancer. Your GP will need to look at your PSA level together with other test results. They will also ask you about things which might make you more likely to get prostate cancer – for example, your age, family history and your ethnicity. This will help them decide if you need to see a hospital specialist for more tests.

You can have a PSA test at your GP surgery. There are pros and cons to having a PSA test. Your GP should explain these to you and discuss any questions you may have before you decide whether to have it.



Read more in our booklet, **Understanding the PSA test: A guide for men concerned about prostate cancer**.

Getting the results

It can take around a week to get the PSA test results. If your PSA level is within the normal range or lower then you may not need any further tests. Some men with a normal PSA level can have prostate cancer, so your GP might advise you to have another PSA test in the future.

A very high PSA level (for example, in the hundreds or thousands) normally means that a man has prostate cancer. If your PSA level is only slightly above the normal range for your age, then your doctor can't tell as much from the result and would normally need to do other tests to help find out if there is a problem.

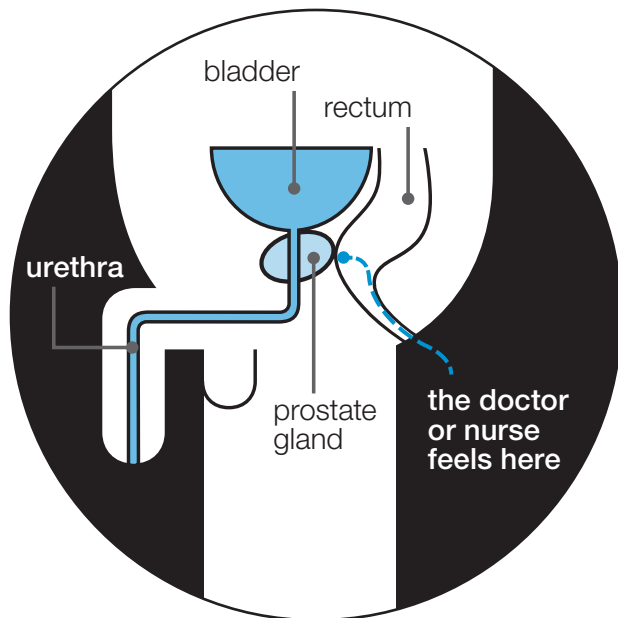
Digital rectal examination (DRE)

A common way of helping to diagnose a prostate problem is for your doctor or nurse to feel the prostate gland through the wall of the back passage (rectum). This is called a digital rectal examination (DRE).

During a DRE, the doctor or nurse will ask you to lie on your side on an examination table, with your knees brought up towards your chest. The doctor or nurse will slide their finger gently into your back passage. 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 irregular areas and to get an idea of its size. This may be uncomfortable, and some men find it slightly painful. Some men find it embarrassing but the test will be over quickly.

The digital rectal examination



If the prostate gland is larger than expected for your age this could be a sign of an enlarged prostate. A prostate gland with hard, bumpy areas may suggest prostate cancer.

If your DRE shows anything unusual, you might be referred to a hospital specialist. It's not a completely accurate test – a man with prostate cancer might have a prostate that feels normal.

If you have a DRE, your doctor or nurse might suggest waiting a week before having a PSA test. This is because having a DRE just before a PSA test could slightly raise your PSA level.

If you would like to know more about these tests, call our Specialist Nurses.



Having someone examine you from the rear isn't great but it's only a few seconds of discomfort.

A personal experience

What tests will I have at the hospital?

If your GP thinks you might need further tests to work out if you have a prostate problem, they will refer you to see a hospital specialist, usually a urologist. The specialist might repeat some of the tests you were given by your GP.

Depending on the results, they might offer you another PSA test in the near future to check that your PSA is not rising. Or they might recommend a prostate biopsy. This will usually be a TRUS (trans-rectal ultrasound) guided biopsy, although sometimes you'll have a more detailed biopsy called a template biopsy. See pages 4 to 6 for more about these biopsies.

In some hospitals you might be offered an MRI scan before a biopsy to help the doctor decide if you need a biopsy.

Other tests you might have include a urine flow test and an ultrasound scan of your bladder. These are usually done to check for an enlarged prostate. Read more in our booklet, **Enlarged prostate: A guide to diagnosis and treatment.**



Prostate biopsy

A prostate biopsy involves taking small pieces of prostate tissue to be looked at under the microscope, to see if there is any prostate cancer.

A high PSA level alone does not automatically mean that you must have a biopsy. Your specialist should talk to you about the pros and cons of having a biopsy, and discuss any concerns you may have before you decide whether to have it. You can read more on page 5.

Men who have cancer that has spread outside the prostate gland might not need a biopsy if they have a very high PSA level, or if another test, such as a bone scan, shows that the cancer has spread. Talk to your doctor or nurse about this.

What is a TRUS biopsy?

A TRUS (trans-rectal ultrasound) guided biopsy involves using thin needles to take around 10-12 small samples of tissue from the prostate. Your doctor can tell you how many samples they'll take. The biopsy is done through the back passage. An ultrasound scan will be done at the same time to help guide the biopsy needles and measure the size of the prostate gland.

If you decide to have a biopsy, you might be given an appointment to come back to the hospital at a later date or you may be offered the biopsy straight away.

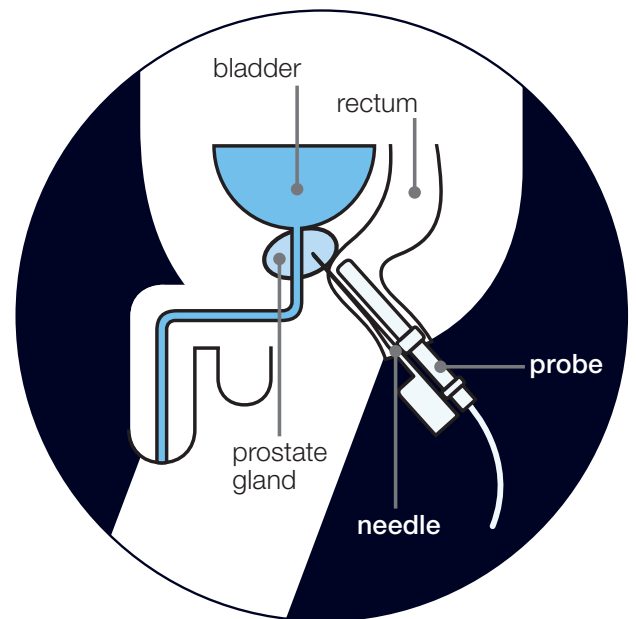
Before the biopsy you should tell your doctor or nurse if you're taking any medicines, particularly drugs that thin the blood.

You'll be given some antibiotics to take before your biopsy, either as tablets or an injection, to help prevent infection. You will also be given some antibiotic tablets to take at home – it's important to take all of them for them to work properly.

The biopsy will be done either by a urologist, a radiologist, or a specialist nurse. You'll lie on your side on an examination table, with your knees brought up towards your chest. They'll put an ultrasound probe into your back passage (rectum), using a gel to make it more comfortable. The ultrasound probe scans the prostate and an image appears on a screen. A needle is inserted through the wall of the back passage into the prostate gland – using the ultrasound image as a guide.

You will have a local anaesthetic injection into your back passage to numb the area and reduce any discomfort. Each man is different and while some describe the biopsy as painful, others have only slight discomfort.

The trans-rectal ultrasound guided biopsy



The biopsy will take 10-15 minutes. You might have to wait for a little while, or until you have gone for a pee before going home. This is to make sure you're able to urinate.

If you experience any discomfort after the biopsy, talk to your nurse or doctor. They may suggest taking mild pain-relieving drugs, such as paracetamol, to help with this.

If you're gay or bisexual you might need to be careful when you have sex. If you have anal sex, you should ideally wait around six weeks after a biopsy before you receive anal sex. Ask your doctor or nurse at the hospital for further advice.

It can take up to two weeks to get the results of the biopsy. Ask your doctor or nurse when they expect to have your results.

What are the side effects of a TRUS biopsy?

Having a biopsy can cause side effects. These will affect each man differently, and you may not get all of the side effects.

Some men worry that having a biopsy will cause problems with having erections but there isn't any evidence for this.

Short-term bleeding

You might see a small amount of blood in your urine or stools for up to two weeks. You may also notice blood in your semen for a couple of months – and your semen may look rust coloured (dark brown) for a few weeks. This is normal, but if it takes longer to clear up, or gets worse, you should see a doctor straight away. If you have severe bleeding after the biopsy and are passing lots of thick-looking clotted blood, this is not normal. If this happens contact your doctor or nurse at the hospital straight away, or go to the accident and emergency (A&E) department at the hospital.

Infection

There's a small risk of getting a urine infection after the biopsy. A course of antibiotics will help clear this up. Up to 3 in 50 men (6 per cent) may have a more serious infection. It's very important to take all of the antibiotics you've been given, as prescribed, to help prevent this.

A fever (high temperature), chills, pain or burning when you pee, or difficulty peeing are signs of an infection. This can happen even if you've been taking antibiotics. If you have these symptoms you should go to your nearest A&E department straight away.

Urine retention

A small number of men find they can't pee after a biopsy – this is called urine retention. If this happens contact your doctor or nurse at the hospital straight away, or go to the A&E department at the hospital.

Pain

Some men feel discomfort or pain in the biopsy area for a few days or weeks afterwards. Speak to your doctor or nurse about drugs to relieve pain if you need them.

What are the pros and cons of a biopsy?

Pros

A biopsy is the most accurate way of finding out:

- whether you have prostate cancer
- how aggressive it might be – how likely it is to spread.

This can help you and your doctor or nurse decide which treatment options may be suitable for you.

A biopsy can pick up a faster growing cancer at an early stage – when treatment may prevent the cancer from spreading to other parts of the body.

Cons

The biopsy can only show whether there was cancer found in the samples taken. If your biopsy result is normal it can't rule out cancer completely. This is because the biopsy collects tissue from small areas of the prostate, so it's possible that cancer can be missed.

A biopsy can pick up a slow growing or non-aggressive cancer that might not cause any symptoms or problems in your lifetime. You may then have to make decisions about whether to have treatment or have your cancer monitored.

A biopsy can also have side effects.

What is a template biopsy?

A template biopsy involves taking more tissue samples than a TRUS biopsy. The number of samples taken will vary but can be around 30-50 from different areas of the prostate. The biopsy needles are inserted through the skin between the testicles and the back passage (perineum).

With this type of biopsy, more of the prostate is looked at, so there is more chance of finding prostate cancer cells. But this also means that there's more chance of finding a slow-growing cancer that might not cause any symptoms or problems during your lifetime. Ask your doctor to explain the pros and cons of a template biopsy, and the possible side effects.

You might have a template biopsy if no cancer was found with a TRUS biopsy but your doctor still thinks there might be cancer. And some hospitals use template biopsy rather than TRUS biopsy in the first place.

What does a template biopsy involve?

This biopsy is normally done under general anaesthetic, so you will be asleep and won't feel anything.

The doctor will place a grid (template) over the area of skin between the testicles and the back passage (perineum). They will insert the needles through the holes in the grid, into the prostate. The doctor will put an ultrasound probe into your back passage, using a gel to make it more comfortable. An image of the prostate will appear on a screen which will help the doctor to guide the biopsy needles.

The template biopsy will take about 20-40 minutes. You might need to wait a few hours or until you have peed before going home.

What are the side effects of a template biopsy?

The side effects of a template biopsy are similar to those of a TRUS biopsy (see pages 4 to 5). But there's less risk of serious infection as the needles go through the skin, rather than the back passage.

There is more chance of urine retention (see page 5) after a template biopsy, but your doctor will make sure you're able to pee before you go home. If you can't pee, you might need to have a catheter for a few days at home. A catheter is a thin tube that's passed into your bladder to drain urine out of the body.

You may have some bruising and discomfort in the area where the needles were inserted for a few days afterwards.


What is a transperineal biopsy?

Some men are unable to have an ultrasound probe or biopsy needles inserted into their back passage because of other medical conditions. These men will have the biopsy needles inserted through the area of skin between the testicles and the back passage (perineum).

What do my biopsy results mean?

The biopsy samples will be looked at under a microscope to check for any cancer cells. Your doctor will be sent a report, called a pathology report, with the results. The results will show:

- whether any cancer was found
- how many biopsy samples contained cancer
- how much cancer is present in each sample.

You might be sent a copy of the pathology report. If you have trouble understanding any of it, ask your doctor to explain it. Or you could  call our Specialist Nurses.

If cancer is found

Gleason grade and Gleason score

You may hear your doctor talk about your Gleason grade and your Gleason score when they talk about your biopsy results.

Gleason grade

If there is prostate cancer in your biopsy samples, they are given a Gleason grade. This grade tells you how aggressive the cancer is – in other words, how likely the cancer is to grow and spread outside the prostate.

When cancer cells are looked at under the microscope, they have different patterns, depending on how quickly they are likely to grow. The pattern is given a grade from 1 to 5. This is called the Gleason grade. If a grade is given, it will usually be 3 or higher, as grade 1 and 2 are not cancer.

Gleason score

There may be more than one grade of cancer in the biopsy samples. An overall 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 the most common and the

highest grade 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).

Because grade 1 and 2 are not cancer, the combined Gleason score is normally 6 or higher. So your Gleason score can normally only be between 6 (3+3) and 10 (5+5).

Some men will only be told their total Gleason score and not given their Gleason grades.

What does the Gleason score mean?

The higher the Gleason score, the more aggressive the cancer and the more likely it is to spread.

But your Gleason score is one of a few things that helps give your doctor an overall idea of your cancer. They will also need to look at your PSA level and how far your cancer has spread (the stage). You can read more about the stage on pages 10 to 12.

The table describes the different Gleason scores 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.

Score	Description
3 + 3	All of the cancer cells found in the biopsy look likely to grow slowly.
3 + 4	Most of the cancer cells found in the biopsy look likely to grow slowly. There were some cancer cells that look more likely to grow at a more moderate rate.
4 + 3	Most of the cancer cells found in the biopsy look likely to grow at a moderate rate. There were some cancer cells that look likely to grow slowly.
4 + 4	All of the cancer cells found in the biopsy look likely to grow at a moderately quick rate.
4 + 5	Most of the cancer cells found in the biopsy look likely to grow at a moderately quick rate. There were some cancer cells that are likely to grow more quickly.
5 + 4	Most of the cancer cells found in the biopsy look likely to grow quickly.
5 + 5	All of the cancer cells found in the biopsy look likely to grow quickly.

Getting the results

If cancer is found, this is likely to be a big shock, and you might not remember everything your doctor or nurse tells you. It might help to take a family member, partner or friend with you for support when you get the results. You can also ask them to make some notes during the appointment.

You might be sent a copy of the letter your specialist writes to your GP – or you can ask for this.

Read more about the support available if you've been diagnosed with prostate cancer on pages 13 to 14.

If no cancer is found

If no cancer is found this is obviously reassuring. However, this means 'no cancer has been found' rather than 'no cancer is present'. There could be some cancer that was missed by

the biopsy needles – this is less likely with a template biopsy.

Your doctor will talk to you about what to do next. They might suggest keeping an eye on your prostate with PSA tests, DREs or MRI scans. If they still suspect that cancer is present, they will talk to you about having another biopsy. You may be offered either another trans-rectal ultrasound biopsy, or a template biopsy (see pages 4 to 6).


What else might the biopsy results show?

Sometimes the biopsy finds other changes to your prostate cells, called PIN or ASAP.

PIN

PIN stands for prostatic intraepithelial neoplasia. It's the name for certain kinds of changes to cells in the prostate gland. PIN is not prostate cancer, and does not need treatment.


If you have PIN, you may need to have regular check ups at the hospital. This is because some research suggests that having PIN might mean you're more likely to get prostate cancer in the future.

 Read more in our fact sheet, **Prostate biopsy results: PIN and ASAP.**

ASAP

ASAP stands for atypical small acinar proliferation. It means there are unusual cells in your prostate but it's not clear what they are or if they might be cancerous.

If you have ASAP, you may need to have regular PSA tests and DREs. You might also have another biopsy.

 Read more in our fact sheet, **Prostate biopsy results: PIN and ASAP.**

Rare types of prostate cancer

There are different types of prostate cancer. So as well as looking at the Gleason grade, a biopsy also looks at the type of cancer cells. For most men who are diagnosed, the type of prostate cancer is called adenocarcinoma or acinar

adenocarcinoma – you might see this written on your pathology report.

There are other types of prostate cancer, which are very rare. These include:

- small cell prostate cancer (neuroendocrine prostate cancer)
- large cell prostate cancer (neuroendocrine prostate cancer)
- ductal prostate cancer (ductal adenocarcinoma)
- mucinous prostate cancer (mucinous adenocarcinoma)
- signet ring cell prostate cancer
- basal cell prostate cancer (adenoid cystic prostate cancer)
- prostate sarcomas, such as leiomyosarcoma.



Read more about rare kinds of prostate cancer on our website at **prostatecancer.uk.org** or call our Specialist Nurses. You can also speak to your doctor or nurse about your type of cancer and the treatments available to you.

Other tests

Researchers have been looking at other tests that might help to diagnose prostate cancer. These tests are not widely available and more research is needed before we can be sure how useful they are.

Free and total PSA test

This test measures the amount of two different types of PSA in the blood. It can help tell whether you have a high PSA level because of prostate cancer, or because of a non-cancerous prostate problem. But doctors don't yet agree on what levels of the different types of PSA show that a man has prostate cancer, so it's not used that often. The test is only suitable for men who have a PSA level between 4 and 10 ng/ml.

A urine test called a PCA3 test

Your doctor or nurse will massage your prostate then ask you to give a urine sample. Cells from the prostate pass into the urine where they can be looked at with a special test that looks at your genes. This test might help specialists decide which men should have a biopsy, or it might be useful for monitoring men who've

already had a biopsy. At the moment the PCA3 test is only available in a few private hospitals and clinics, as we still need more research about how good it is.

Will I need an MRI, CT or bone scan?

If you're diagnosed with prostate cancer, you might need more tests to try to find out whether the cancer has spread outside the prostate. The results should help you and your doctor decide which treatments might be suitable for you.

You might not need to have these tests if your PSA is low and your Gleason score suggests that the cancer is unlikely to have spread.

MRI scan

MRI (magnetic resonance imaging) uses magnets to create a detailed picture of your prostate and the surrounding tissues. You might have an MRI scan to find out if the cancer has spread and you're thinking about treatment options such as radiotherapy or surgery. An MRI scan is often the first type of scan used as it's the most accurate way of looking at the prostate.

Before the scan you'll be asked questions about your health and, as the scan uses magnets, you will be asked whether you have any implants that could be attracted to the magnet, such as a pacemaker for your heart. You'll also need to take off any jewellery or metal items when you have the scan.

You will be asked to lie very still on a table, which will move slowly into the scanner. Some MRI scanners are doughnut-shaped. Others are shaped like a long tunnel – so more of your body will be inside it. If you have a fear of enclosed spaces (claustrophobia), you should tell your radiographer (the person who takes the images).

The radiographer might give you an injection of a special dye during the scan. Let them know if you know you're allergic to the dye that's used. It's not radioactive.

The scan takes between 30 and 40 minutes. The machine is very noisy but you won't feel anything. The radiographer will leave the room but you'll be able to speak to them through an intercom, and you might be able to listen to music through headphones. You can take a friend or family member into the room with you while you have the scan.

CT scan

A CT (computerised tomography) scan can show whether the cancer has spread beyond the prostate, for instance to the lymph nodes or nearby bones. Lymph nodes are part of your immune system and are found throughout your body. The lymph nodes in your groin are near the prostate and are a common place for prostate cancer to spread to. You may have this scan to find out if the cancer has spread and if you are thinking about treatment options such as radiotherapy or surgery.

Your hospital might ask you not to eat or drink for a few hours before the scan. You will be given an injection of a special dye – this can give you a warm feeling and you might feel like you need to go to the toilet. The dye helps the doctor see the prostate and surrounding organs more clearly on the scan. It's not radioactive. You'll need to take off any metal jewellery, as this can affect the images.

Before your scan appointment let your doctor know if:

- you already know you are allergic to the dye
- you have any other allergies
- you are taking the drug metformin for diabetes.

The CT scanner is shaped like a large doughnut. You will be asked to lie on a table which moves slowly through the hole in the middle of the scanner. The radiographer will leave the room but you'll be able to speak to them through an intercom, and they can see you at all times. You will need to keep still, and you might be asked to hold your breath for short periods. The scan will take 10-20 minutes.

Bone scan

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

Tell your doctor or nurse if you have arthritis or have ever had any broken bones or fractures, or surgery to the bones, as these will also show up on the scan.

You might be asked to drink plenty of fluids before and after the scan. A small amount of a safe radioactive dye is injected into a vein in your arm. If there is any cancer in the bones, the dye will collect in these areas and show up on the scan. It takes two to three hours for the dye to travel around your body and collect in your bones so you'll need to wait a while before you have the scan.

You will be asked to lie on a table while the scanner moves very slowly down your body taking pictures. This takes around half an hour. The camera will pick up any 'hot spots' where the radioactive dye has collected. These 'hot spots' can show if the cancer has spread to the bone.

The doctor will look at the results of the scan carefully to see whether any cancer is present. You may need to have X-rays of any 'hot spots' to check if they are definitely cancer. If it's still not clear, you may need to have an MRI scan. Occasionally, some men have a bone biopsy, but this is only needed in rare cases.

You may be asked to avoid contact with children and pregnant women for up to 24 hours after the scan.

What happens next?

Your doctor or nurse will tell you how long it will take for the results of all the tests to come back. It's usually around two weeks. Your doctor, nurse and other specialists will use the results of the tests to work out the stage of the cancer.

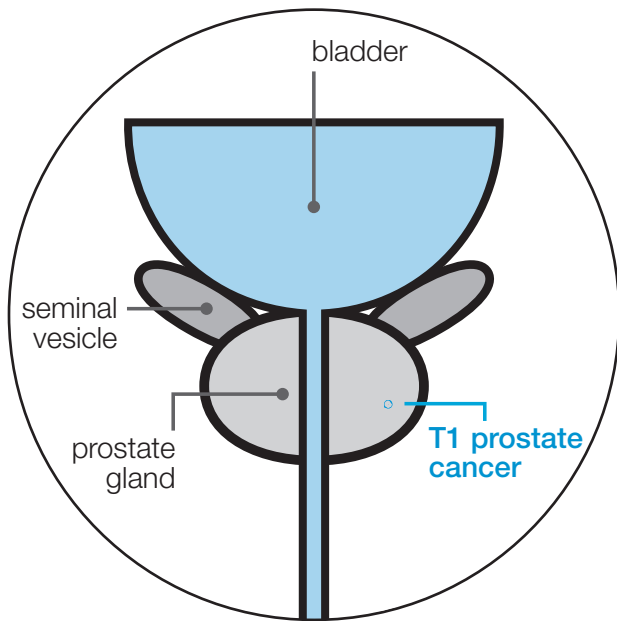
Staging

Staging is a way of recording how far the cancer has spread. The most common method is the TNM (Tumour-Nodes-Metastases) system.

- The T stage measures the tumour.
- The N stage measures whether the cancer has spread to the lymph nodes.
- The M stage measures whether the cancer has spread (metastasised) to other parts of the body.

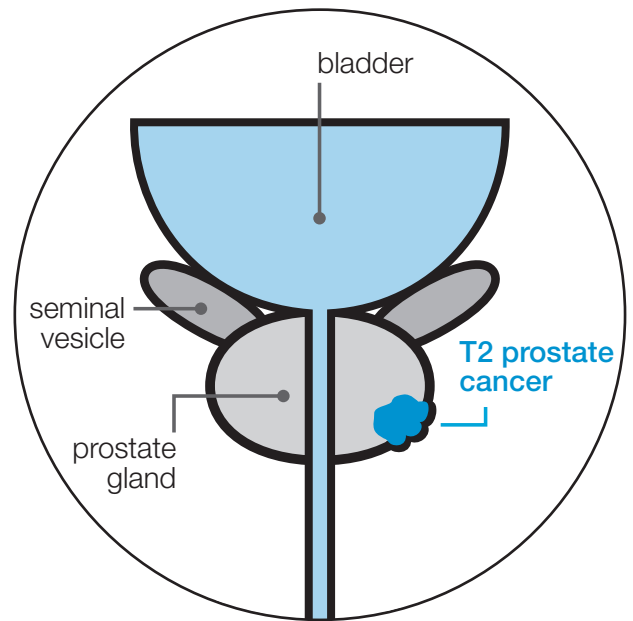
T stage

The T stage shows how far the cancer has spread in and around the prostate gland. This is measured by a digital rectal examination (DRE). You might also have an MRI scan to confirm your T stage.



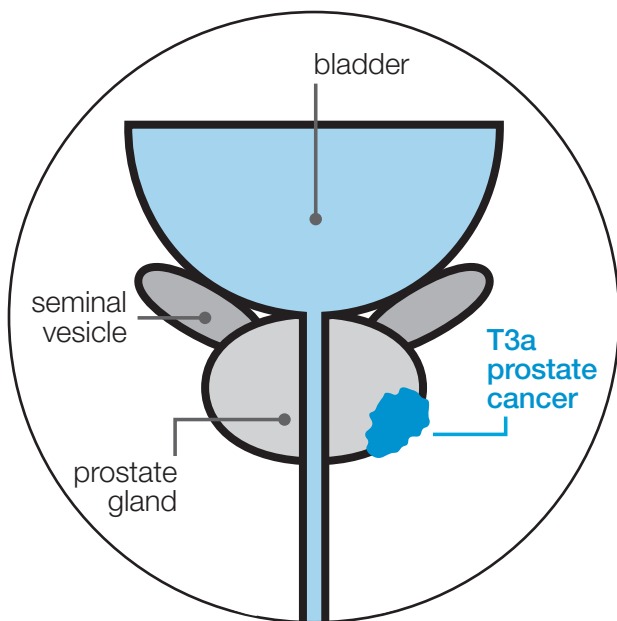
T1 prostate cancer

The cancer can't be felt or seen on scans, and can only be seen under a microscope – **localised prostate cancer**.



T2 prostate cancer

The cancer can be felt or seen on scans, but it is contained within the prostate gland – **localised prostate cancer**.



T3 prostate cancer

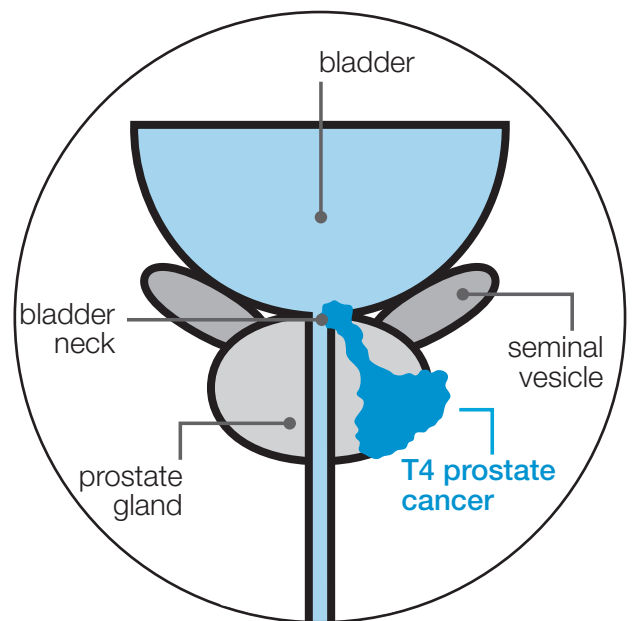
The cancer can be felt or seen breaking through the capsule of the prostate gland – **locally advanced prostate cancer**.

T3a

The cancer has broken through the capsule of the prostate but has not spread to the seminal vesicles (which produce and store some of the fluid in semen).

T3b

The cancer has spread to the seminal vesicles.



T4 prostate cancer

The tumour has spread to nearby organs, such as the neck of the bladder, back passage, pelvic wall or lymph nodes – **locally advanced prostate cancer**.

N stage

The N stage shows whether the cancer has spread to the nearby lymph nodes. Lymph nodes are part of your immune system and are found throughout your body. The lymph nodes in your groin are near the prostate and are a common place for prostate cancer to spread to. They are looked at with an MRI or CT scan (see page 9).

You may be offered an MRI or CT scan if you're thinking about having a treatment such as radiotherapy or surgery and there is a risk that your cancer might have spread to your lymph nodes.

NX The lymph nodes were not measured.

N0 No cancer cells can be seen in the lymph nodes.

N1 The lymph nodes contain cancer cells.

If your scans suggest that your cancer has spread to the lymph nodes (N1), it may either be treated as locally advanced or advanced prostate cancer. This may depend on several things, such as how far it has spread (see below).

Speak to your doctor about the treatments that may be suitable for you if your cancer has spread to your lymph nodes.

M stage

The M stage shows whether the cancer has spread (metastasised) to other parts of the body, such as the bones. This is measured using a bone scan (see page 10). Your doctor may offer you a bone scan if they think your cancer may have spread. Most men diagnosed with localised prostate cancer won't need to have a bone scan.

If you have a bone scan and it shows that your cancer has spread to other parts of your body (M1), you will be diagnosed with advanced prostate cancer.

MX The spread of the cancer was not measured.

M0 The cancer has not spread to other parts of the body.

M1 The cancer has spread to other parts of the body.

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

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

Getting the results

Your doctor will look at your test results to get an overall idea of how far the cancer has spread (its stage) and how quickly it might be growing. This will help you and your doctor discuss the best possible treatments for you. Ask your doctor or nurse to explain your test results if you don't understand them. Or you could call our



Specialist Nurses.

Depending on the results, your cancer may be treated as:

- localised prostate cancer
- locally advanced prostate cancer
- advanced prostate cancer.

There are different treatment options for each stage of prostate cancer. If you have localised cancer, treatments are aimed at getting rid of it completely. And even with advanced prostate cancer which has spread, treatments can keep it under control, sometimes for several years.

You can read more in our Tool Kit fact sheets



Localised prostate cancer, Locally advanced prostate cancer and **Advanced prostate cancer**.

Speak to your doctor or nurse about the treatments that are suitable for you. Ask them about anything that isn't clear. You might find it helps to write down any important points.



Our booklet, **Prostate cancer: A guide for men who've just been diagnosed**, is designed to be used with your doctor or nurse to record details

about your diagnosis and treatment. You can download a copy or order it from our website at **prostatecanceruk.org**. Or call our Specialist Nurses, who can also discuss your treatment options with you.

If you're unsure about your test results or the treatment options offered to you, you can talk to your GP about getting a second opinion from another specialist.



Once I'd found out about the different treatments available, and then on experiencing the wonderful care of my medical team, things did not look nearly so bad.

A personal experience

Dealing with prostate cancer

If you've been diagnosed with prostate cancer, you might be scared, worried, stressed or even angry. You might feel helpless. On the other hand, some men say that a diagnosis of prostate cancer changes the way they think and feel about life.

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

There are things you can do to help yourself and there are people who can help. Families can also find this a difficult time and they may need support too. This section might also be helpful for them.

Who can help?

Our Specialist Nurses

Our Specialist Nurses can answer your questions, help explain your diagnosis and

go through your treatment options with you. They've got time to listen to any concerns you, or those close to you, have about living with prostate cancer. Everything is confidential.

To get in touch:



- call our Specialist Nurses on 0800 074 8383
- email from our website at **prostatecanceruk.org** (click 'We can help').

Your medical team

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

Trained counsellors

Counsellors are trained to listen and can help you to find your own answers and ways to deal with things. Many hospitals have counsellors or psychologists in their team who are specialists in helping people with cancer – your doctor or nurse at the hospital will be able to let you know if this is available.

There are different types of counselling available. Your GP may be able to refer you to a counsellor, or you can see a private counsellor. To find out more contact the British Association for Counselling & Psychotherapy.

Our one-to-one support service

Our one-to-one support service 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 could discuss treatment options, dealing with side effects, or telling people about your cancer – whatever's important to you.

Our Specialist Nurses will try and match you with a trained volunteer with similar experiences. Family members can also speak to partners of men with prostate cancer.

To arrange it:



- call our Specialist Nurses on 0800 074 8383
- email from our website at **prostatecanceruk.org** (click 'We can help').

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. It's a place to deal with prostate cancer together. Lots of men use their real names on the forum, but you don't have to. You can keep it anonymous.

Sign up on our website at prostatecanceruk.org (click 'We can help').

Local support groups

At local support groups men get together to share their experiences of living with prostate cancer – you can ask questions, offload worries and know that someone understands what you're going through. Some groups have been set up by local health professionals, others by men themselves. Many also welcome partners, friends and relatives. To find your nearest support group:

- visit our website at prostatecanceruk.org (click 'We can help')
- ask your nurse
- call our Specialist Nurses on 0800 074 8383.



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 PSA level?

Will I need a biopsy? What type of biopsy will I have?

What are the risks and side effects of having a biopsy?

What are my Gleason grades and Gleason score?

Will I need an MRI, CT or bone scan?

What is the stage of my cancer? What does this mean?

What treatments are suitable for me?

More information

British Association for Counselling & Psychotherapy

www.itsgoodtotalk.org.uk

Telephone: 01455 883300

Information about counselling and details of therapists in your area.

CancerHelp UK

www.cancerhelp.org.uk

Nurse helpline: 0808 800 4040

Patient information from Cancer Research UK.

Healthtalkonline

www.healthtalkonline.org

Watch, listen to and read personal experiences of men with prostate cancer and other medical conditions.

Macmillan Cancer Support

www.macmillan.org.uk

Telephone: 0808 808 00 00

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

Maggie's Centres

www.maggiescentres.org

Telephone: 0300 123 1801

A network of drop-in centres for cancer information and support. Includes an online support group.

Royal College of Radiologists

www.goingfora.com

Interactive information on cancer treatment and scans. Includes descriptions from staff and patients.

About us

Prostate Cancer UK fights to help more men survive prostate cancer and enjoy a better life.

This fact sheet is part of the Tool Kit. You can order more Tool Kit fact sheets, including an **A to Z of medical words**, which explains some of the words and phrases used in this fact sheet.

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

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

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

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- Prostate Cancer UK Volunteers
- Prostate Cancer UK Specialist Nurses

Tell us what you think

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

literature@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, 40,000 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/donations 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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t Follow us on Twitter: **@ProstateUK**

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Call our Specialist Nurses from Mon to Fri 9am - 6pm, Wed 10am - 8pm

*Calls are recorded for training purposes only.

Confidentiality is maintained between callers and Prostate Cancer UK.

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