How prostate cancer is diagnosed

This fact sheet is for anyone who would like to know more about how prostate cancer is diagnosed. It describes the tests used to diagnose prostate cancer and explains what the results may show. Some of the information included may not apply to you so it is important to check with your doctor or nurse which sections are relevant to you. It also suggests some questions to ask your doctor or nurse and gives details of where to get more information about the tests. It briefly describes the PSA test, but more information on this is given in our booklet, PSA and beyond: A guide for men concerned about prostate cancer.

In this fact sheet:

- How is prostate cancer diagnosed?
- What tests are done by my GP?
- What tests will I have at the hospital?
- What do my biopsy results mean?
- Will I need an MRI, CT or bone scan?
- What happens next?
- Questions to ask your specialist team

Prostate cancer and other prostate problems can cause similar symptoms but are treated differently so it is important to get an accurate diagnosis. Many men with early prostate cancer have no symptoms at all. Call our Helpline on 0800 074 8383 for more information on risk factors and symptoms of prostate problems. If you are worried about any symptoms, or you think you may be at greater risk of getting prostate cancer, your doctor (GP) will be able to help you decide what action to take.

How is prostate cancer diagnosed?

To find out what may be causing your prostate problem, your GP will ask you about any symptoms and may carry out some tests. The results of these tests will help tell you and your doctor more about what, if anything, is wrong. Please see our booklet **Know your prostate: A guide to common prostate problems** for more information about the signs and symptoms of prostate cancer and other prostate problems.

The tests that your GP can do to help diagnose prostate problems are:

- A urine test to rule out infection.
- A prostate specific antigen (PSA) blood test.
- A digital rectal examination (DRE)

Before you decide whether or not to have these tests, your GP should talk to you about the advantages and disadvantages.

The GP will refer you to a urology clinic if your symptoms or test results suggest that further investigation is needed.

Hospital tests that you may have are:

- A repeat of the PSA blood test
- A biopsy called a trans-rectal ultra sound (TRUS) guided prostate needle biopsy
- A computerised tomography (CT) scan



- A magnetic resonance imaging (MRI) scan
- A bone scan with or without X-rays
- An ultrasound scan
- A urine flow test

If you are worried at any point during these tests and would like help in making a decision, there is support available. Doctors, specialist nurses and other health professionals will discuss your case with you if you wish, or you may like to speak to one of our specialist nurses on our confidential Helpline on **0800 074 8383**.

What tests are done by my GP? PSA test

The standard PSA test is a blood test that measures the total amount of PSA in your bloodstream. PSA is a protein produced by some of the cells in the prostate. A raised PSA level may show that there is a problem with the prostate. It cannot diagnose prostate cancer but the results of the PSA test together with other factors such as other test results, your family history and your ethnicity can help assess your risk.

The PSA test can be carried out by your GP or at the hospital. Your GP should give you information about the advantages and disadvantages of having the test and discuss any questions you have before you decide whether to have the test.

If you decide to have the PSA test, you may be asked to have a urine test first to check that you do not have a urine infection. Urine infections can affect your PSA result.

It can take up to two weeks to get the PSA test results. If the PSA result is abnormally high for your age, your doctor will either repeat the test, or arrange for you to have further tests.

The PSA result alone cannot tell you whether or not you have prostate cancer and a 'normal' PSA does not completely rule out prostate cancer.

If you would like more detailed information about the PSA test, call our confidential Helpline on **0800 074 8383,** or read our booklet PSA and beyond: A guide for men concerned about prostate cancer.

What can affect my PSA level?

All men have some PSA in their blood, and the PSA level can be affected by:

Age

PSA naturally rises with age because the prostate usually gets bigger with age. The accepted normal PSA test result is:

- Up to 3 ng/ml for men in their 50's
- Up to 4 ng/ml for men in their 60's and
- Up to 5 ng/ml for men in their 70's and over.

These are just rough guides. PSA levels will vary slightly between laboratories, as they may use different testing methods. There is no upper limit to the PSA test result and some men may receive results in the hundreds and thousands. This is uncommon but is likely to indicate the presence of prostate cancer.

A urine infection

A urine infection can cause the PSA to rise temporarily so you may have a simple urine test to rule this out. If there are signs of an infection the sample will be sent to the laboratory to check if there are any bacteria present. If there is an infection, you will be given a course of antibiotics. A further urine sample is usually taken one to two days after completing the course of antibiotics to make sure that the infection has been treated.

The PSA test should be repeated six weeks after the infection has been treated.

BPH (benign prostatic hyperplasia)

BPH is a common condition that mainly affects many men over the age of 50. It is a non-cancerous enlargement of the prostate. The increase in size may cause the prostate gland to produce more PSA. Read our booklet **Enlarged prostate: A guide for men concerned about benign prostatic hyperplasia (BPH)** for more information.

Prostatitis

This is an inflammation or infection of the prostate gland. The inflammation allows more PSA to move from the prostate into the blood

and causes the PSA level to rise. Ask for our booklet **Prostatitis** for more information.

Prostate cancer

Prostate cancer may cause the PSA level in the blood to rise. However, some men with some rare types of prostate cancer or early prostate cancer may not have a raised PSA.

Vigorous exercise

It is not clear whether exercise such as cycling affects the PSA level. You may be advised to avoid vigorous exercise in the 48 hours before a PSA test.

Ejaculation

Ejaculation in the 48 hours before a PSA test may affect the results, especially in younger men. If you are going to have a PSA test, you may be advised to avoid sexual activity during this time.

Prostate biopsy

If you have had a biopsy in the last six weeks before a PSA test, this can affect the PSA result.

Catheter, cystoscopy and other procedures

Your PSA level may be affected if:

- You have a urethral catheter. This is a tube inserted into your bladder through the penis to drain urine.
- You have had a test called a cystoscopy. This is an investigation where a long tube with a camera is passed through the penis to look into the bladder.

Other procedures that affect your prostate, such as a transurethral resection of the prostate (TURP) may have a similar effect. Your specialist may suggest waiting for up to six weeks after these procedures before taking a PSA test.

Medication

Some drugs can lower the PSA level in the blood stream. If you are taking medication for BPH, statins for cholesterol control or non-steroidal anti-inflammatory drugs (such as aspirin) discuss your PSA test results with your doctor or nurse.

Digital rectal examination (DRE)

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

The DRE may be carried out by your GP and will be repeated by the hospital specialist (urologist) if your GP thinks you should see one.

You may be asked to lie on your side, on an examination couch with your knees brought up towards your chest, or to stand and lean over the back of a chair or the examination table.

The doctor or nurse will put on a thin protective glove, lubricate their gloved forefinger, and slide it gently into your back passage. You may find this uncomfortable or embarrassing, but it should not be painful.

The doctor or nurse feels the back surface of the prostate gland for any hard or irregular areas and to estimate its size. If the prostate gland is larger than expected for your age group this could be a sign of benign prostatic hyperplasia (BPH). A prostate gland with hard bumpy areas may suggest prostate cancer and may need further investigation by a hospital specialist.



What tests will I have at the hospital?

Your specialist team at the hospital may decide to repeat some of the tests done by your GP. After examining you, they may decide that you do not need any more investigations for the time-being, or offer you another PSA test in the near future to check that your PSA is not rising too quickly. However, if they are still concerned that you may have prostate cancer, they may recommend carrying out a further test called a biopsy. You may hear this called a transrectal ultra sound (TRUS) guided prostate needle biopsy.

TRUS guided prostate needle biopsy

A prostate biopsy involves taking small pieces of prostate tissue to be looked at more closely under the microscope. The aim of a biopsy is to detect prostate cancer that has the potential to cause symptoms or affect your life expectancy.

Your specialist should talk to you about the advantages and disadvantages of having a biopsy and discuss any concerns you may have before you decide whether or not to have the test.

Having a high PSA score alone does not automatically mean that you must have a needle biopsy, as prostate cancer is also found in men with a normal PSA score and a high PSA may be due to other causes as explained above.

Some men who have cancer that may have already spread outside of the prostate gland may not need a biopsy. They may be offered another test, such as a bone scan. Your specialist team can advise you on this.

If you decide to have a biopsy you should be given written information about the procedure and what it involves.

What does a biopsy involve?

If you decide to have a biopsy, you may be given an appointment to come back to the hospital at a later date or you may be offered a biopsy straight away. The biopsy involves taking around ten to 15 small samples of tissue from the prostate. If you have a bigger prostate you may have more samples taken. You should be told how many to expect. A trans rectal ultrasound scan (TRUS) is carried out at the same time and helps the specialist to guide the biopsy needles and measure the size of the prostate gland.

Before the biopsy you should tell your doctor or nurse if you are taking any medicines, particularly drugs to prevent blood clots (anti-coagulants), including warfarin, aspirin or clopidogrel.

The biopsy will usually be taken either by the urologist, a radiologist, or a specialist nurse who is trained in the use of ultrasound. About half an hour before your biopsy you will be given antibiotic tablets or an antibiotic injection to help prevent infection. You will need to continue your course of antibiotics when you go home. After the biopsy you may also be given an antibiotic suppository in your back passage.

The ultrasound probe is lubricated with gel and passed into your back passage (rectum), as shown on page 5. The probe is the size of a fat finger. Some men find this a little uncomfortable. You should also be given a local anaesthetic injection into the prostate to help reduce any discomfort when the biopsy samples are taken. The needle is then placed down the shaft of the probe and is passed through the wall of the back passage into the prostate gland, under the guidance of the ultrasound image.

You may feel a short sharp sensation each time the needle goes in. Each man is different and while some describe the biopsy as painful, others have only slight discomfort. The biopsy will take 10 to 15 minutes. You may be asked to wait for about half an hour after the biopsy or until you have passed urine before going home



What are the possible side effects of biopsy?

Short-term bleeding

Once you have gone home, you may see blood in your urine or bowel motions for up to two weeks. You may find blood in your semen for up to six weeks. If it takes longer than this to clear up, or gets worse after a period of recovery, you should see a doctor straight away.

Urine retention

Some men are unable to pass urine after a biopsy. This is called urine retention. If this happens to you it is important to contact your doctor or specialist team urgently or visit the accident and emergency (A&E) department.

Infection

A small number of men (about one per cent) get an infection of the blood called septicaemia, which can cause symptoms similar to flu. It is very important to take all of the antibiotics that you have been given to help prevent this happening.

If you have a high temperature, pain or burning when you pass urine, or difficulty passing urine, you may have an infection, even if you have been taking antibiotics. If you have these symptoms you should go to your nearest accident and emergency (A&E) department straight away.

What are the advantages and disadvantages of a biopsy? **Advantages**

Biopsy is the most accurate way of finding out whether prostate cancer is present in the prostate gland, and if so, how much cancer is present in the samples taken. This can help your specialist team to decide which treatment options may be suitable for you.

Disadvantages

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

The biopsy may find a slow growing cancer that may not have caused any symptoms or shortened your life. If your results suggest you have slow growing prostate cancer you may face difficult decisions about treatments which may cause significant side effects.

What do my biopsy results mean?

A doctor who specialises in examining cells using a microscope (pathologist) will examine the biopsy samples and will tell your specialist if any cancer is found. They will also tell your specialist how many samples are affected and how much cancer is present in each sample.

If no cancer is found

If no cancer is found this is obviously reassuring. However, strictly speaking this would mean 'no cancer found' rather than 'no cancer present'. There could be a small cancer that the needles did not hit. Your specialist team will want to keep an eye on your prostate with further PSA tests and DREs.

If your PSA stays higher than normal and the doctor cannot find any other cause, you may be invited to have another biopsy in the future.

If further TRUS biopsies are negative but your specialist team still suspects that cancer is present, you may be offered a template or saturation biopsy.

Template or saturation biopsy

This type of biopsy involves taking more tissue samples than a TRUS biopsy. You will usually have about 32 samples taken from different areas of the prostate gland. This procedure is usually carried out under a spinal or general anaesthetic but may occasionally be carried out under a local anaesthetic if necessary.

During the template biopsy an ultrasound probe is passed into the back passage so that the doctor can see where the needles are placed. The needles are then inserted through a grid (or template) passing into the prostate gland through the perineum (the area of skin between the scrotum and back passage).

There is a greater chance of finding prostate cancer cells using one of these biopsies because more of the prostate is being examined, however the cancer may be small or very slow growing and may not cause any troublesome symptoms or shorten your life expectancy. Talk to your urologist about the advantages and disadvantages of this type of biopsy.

Other tests

Some less common tests that you may be offered include:

- A free and total PSA test. This is an alternative PSA test that measures the ratio between two different types of PSA found in the blood. It can help your doctor see if you may be more likely to have prostate cancer but it is not completely accurate.
- A type of MRI scan called a 'diffusion scan' to try to identify any abnormal looking areas to focus attention on for the biopsy.
- A urine test called a PCA3 test. Your doctor or nurse will massage your prostate and then take a urine sample for testing. Unlike the PSA test, the PCA3 test is not affected by the size of a man's prostate gland and so it may be particularly helpful if a man is already known to have an enlarged prostate. This test is not usually available on the NHS. The test may show whether there is a greater chance of finding cancer on a repeat biopsy but this test is not completely accurate.

These tests are not always available so you may wish to discuss your options with your specialist team.

If cancer is found

A doctor who specialises in examining cells (pathologist) will look at your biopsy samples under the microscope. If a sample contains cancer it is 'graded' to show how active the cancer is. The pathologist looks at the pattern made by the cancer cells and gives that pattern a grade from 1 to 5. This is called Gleason grading.

Gleason score

The grades of the two most common patterns seen in the biopsy samples are added together to give a Gleason score.

For example

If the biopsy samples show that:

- most of the cancer is grade 3
- the second most common pattern seen is grade 4

The Gleason will be 3 + 4, and the Gleason Score will be 7.

A Gleason of 4 + 3 also gives a Gleason score of 7, but shows that the cancer is slightly more aggressive. This is because the most common pattern found is graded first. So, a Gleason of 3 + 4 has more cancer graded as 3, whereas a Gleason of 4 + 3 has more cancer with the higher grade of 4.

The higher the Gleason score, the more aggressive the cancer and the more likely it is to spread. Gleason scores run from 2 to 10. However, most men with prostate cancer will have a Gleason score between 6 and 10.

It can take up to two weeks for the results of the biopsy to come back.

If cancer is found, this is likely to be a big shock and you may not remember everything that your specialist team tells you. You may wish to take a family member, partner or friend with you for support when you get the results. You can also ask the person with you to make some notes at the appointment. You may find it helpful to take a tape recorder with you and ask your doctor or nurse's permission to tape your consultation so you can take it home afterwards and listen to what was said as often as you need.

You may also find that it helps to talk to friends and family or a counsellor about how you are feeling. You can also speak to a specialist nurse by calling our confidential Helpline on 0800 074 8383.

See page 10 for more sources of support and information.

A personal experience

"I first shared my diagnosis with my partner. It helped to take a little time to come to terms with it before I told other family members and friends".

Will I need an MRI, CT or bone scan?

If you are diagnosed with prostate cancer, you may need more tests to find out whether it is likely to have spread outside the prostate. The results should help you and your urologist decide on what treatment may be suitable for you.

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

CT scan

A computerised tomography (CT) scan can show whether the cancer has spread to the lymph nodes near the prostate. You may have this scan if there is a risk of your cancer spreading and you are considering active treatment options such as radiotherapy or radical prostatectomy.

The scanner takes X-rays of your pelvis, which are fed into a computer to create an image of the prostate and the surrounding tissues, including the lymph nodes. The doctor can then look more closely for possible signs that the cancer has spread.

Your hospital will give you information on what will happen at your appointment and may ask you not to eat or drink for a few hours before the scan. When you arrive at the radiology department, you will be given an injection of a dye. This can give you a warm feeling and you may feel that you need to go to the toilet. The dye helps the doctor see the prostate and surrounding organs on the scan. It is not radioactive. You will also be asked to take off any metal jewellery, as this can interfere with the machine.

You should let the X-ray department know well in advance of your scan appointment 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 sliding table, which moves through the hole in the middle of the machine. The radiographer will leave the room but you will be able to speak to them through an intercom and they can see you at all times. You will need to keep still and may be asked to hold your breath for short periods of time. The scan itself takes 10-20 minutes and you will be able to go home afterwards. It can take up to two weeks for all of the pictures taken by the scanner to be put together and looked at by the radiologist and your specialist team.

MRI scan

Magnetic resonance imaging (MRI) uses magnets rather than X-rays to create a detailed picture of your prostate and surrounding tissues. You may have an MRI if there is a risk of your cancer spreading and you are considering active treatment options such as radiotherapy or radical prostatectomy.

You will need to take off any jewellery or metal items that could be attracted to the magnet. You will also be asked questions about your health and whether you have any implants, such as a pacemaker for your heart. This is to make sure the scan does not harm you. You may also be asked to leave credit cards or similar items at home, or with a friend or relative, while you are being scanned because the machine's magnet may affect the information held on them.

Some MRI scanners are doughnut-shaped like a CT scanner. Other MRI scanners are shaped like a long tunnel so much more of the machine covers your body than in a CT scanner. Ask which type of machine is used at your hospital so you know what to expect. If you suffer from a fear of enclosed spaces (claustrophobia), you should let the scanning department know as soon as possible.

You will be asked to lie on a table which passes into the tunnel and you may feel totally enclosed. Some people can find this claustrophobic but the staff are aware of this and will help you if you become uncomfortable during the scan. The radiographer may decide to give you an injection of a special dye during the scan, if they think that this will help improve the pictures taken by the scanner.

The scan takes between 30 and 40 minutes. The machine is very noisy but you will not feel anything. You can speak to the staff through a microphone and you may be able to listen to music. You can take a friend or family member into the room with you while you have the scan.



Bone scan

A bone scan may show whether any cancer cells have spread from the prostate to the bone. One of the most common places for prostate cancer to spread is to the bones. If your specialist team has any concerns that the cancer may have spread outside the prostate, or wants to be sure that it has not spread, then they may want to do a bone scan.

If you are concerned about why you are having a bone scan, ask your doctor or nurse to explain what they are expecting to find. If you have any arthritis or have had a previous bone injury, surgery, or fracture, please mention this to your doctor or nurse, as it will help the radiologist to interpret the scan results correctly.

The bone scan is done in the X-ray or nuclear medicine department of the hospital. You may 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. This travels around your body in your bloodstream and collects in areas where bone cells are active. This process takes around two to three hours. You will be free to go for a walk outside the hospital during this time, or you may like to take a book along with you.

After two to three hours, the scan will begin. You will be asked to lie on a table while the machine moves down your body, taking pictures. This takes around half an hour. The camera will pick up any 'hot spots' where the radioactive substance has collected. These hot spots can show where the cancer has spread to the bone. They also show any areas of arthritis and other bone damage such as old fractures.

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 help your doctor to identify the difference between changes to the bone caused by cancer and changes caused by other damage. If there is still doubt, you may need to have an MRI scan of these areas of the bone. Occasionally some men have a bone biopsy, but this is only needed in rare cases.

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

What happens next?

Your specialist team will tell you how long it will take for the results of all the tests to come back. It usually takes around two weeks. Once all of the results are gathered together and have been discussed by your specialist team, they will 'stage' 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. This system separately assesses the tumour (T), lymph nodes (N) and secondary cancer or metastases (M).

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).

- T1 The cancer cannot be felt and can only be seen under a microscope – localised prostate cancer
- **T2** The cancer can be felt but it is contained within the prostate gland localised prostate cancer
- **T3** The cancer can be felt breaking through the capsule of the prostate gland – locally advanced prostate cancer
- T4 The tumour has spread to nearby organs, such as the bladder neck, back passage or pelvic wall locally advanced prostate cancer

N stage

The N stage shows whether or not the cancer has spread from the prostate to the nearby (regional) lymph nodes in the pelvis. This is measured using an MRI or CT scan (see page 7), which can help your specialist to see whether these lymph nodes are enlarged. This can suggest that the cancer has spread to this area.

- NX The lymph nodes were not measured
- **N0** The lymph nodes are not seen to contain cancer cells
- N1 The lymph nodes contain cancer cells

If your scan results suggest that your cancer has spread to the these lymph nodes (N1), it may either be treated as locally advanced or advanced prostate cancer. This may depend on several factors including the results of your M stage (see below) and assessment by your specialist team. Speak to you specialist about what treatments may be suitable for you if your cancer has spread to your lymph nodes.

The N stage may not be measured if the results would not affect your treatment options.

M stage

The M stage shows whether the cancer has spread (metastasised) to other parts of the body, such as the bone. This is measured using a bone scan (see page 8). Your specialist may offer you a bone scan if they think your cancer may have spread. However, the majority of men diagnosed with localised prostate cancer will not need to have a bone scan. If you have a bone scan and the results show that your cancer has spread to other parts of the 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, MO 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 test results will be studied by a multi-disciplinary team (MDT) made up of oncologists, urologists, radiologists, pathologists, specialist radiographers and specialist nurses. These meetings combine specialists from across a network of hospitals to ensure you are getting the best possible review. The outcome of this meeting will help you and your specialist team to discuss the best course of treatment for you.

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 of these stages. You can read more about this in our Tool Kit fact sheets Localised prostate cancer, Locally advanced prostate cancer and Advanced prostate cancer.

Ask your specialist team to explain what your treatment options are and anything you have not understood as this will be important when you consider your next steps. Take a notepad with you to help you remember any important points. Some questions that you may like to ask are suggested at the end of this fact sheet, with space to write down your doctor's replies. Alternatively you may wish to use these questions as a checklist. You may find it helpful to take a family member or friend with you, or ask the doctor if you can record the consultation.

If you are unsure about your test results or the treatment options offered to you by your consultant, you may request a second opinion from another specialist by talking to your GP.

You can also speak to one of our specialist nurses about your treatment options by calling our confidential Helpline on 0800 074 8383.

A personal experience

'Once into the system and discovering the different available treatments, and then experiencing the wonderful care of my specialist team, things did not look nearly so bad'.

Practical help

If you are diagnosed with prostate cancer, you may find that travelling to the hospital is emotionally and physically tiring. Is there anyone who could drive you to your appointments or travel with you? Can you get extra time off work if you need it? For advice on what help is available for the cost of travelling to the hospital for treatment, call Macmillan on freephone 0808 808 0000 or your local Citizens Advice service.

What support is available?

As well as getting medical help to treat your cancer most men find it helps to get some emotional support as well.

Talking to a partner, friend or relative about how you are feeling may help them to support you and help you cope better. Sharing concerns can make any decisions about your treatment easier to deal with.

You may also find it helps to talk to your doctor or a specialist cancer nurse at your treatment centre or a Macmillan nurse. Many of these nurses are trained in counselling and can help you work through some of your concerns. If you do not already have contact with one of these nurses you can ask your GP to refer you to their services.

If you would like to talk to a specialist nurse about your treatment or anything you have read in this fact sheet, call our confidential Helpline on 0800 074 8383.

If you would like to speak to another man who has been diagnosed with prostate cancer, The Prostate Cancer Charity can put you in touch with someone through our peer support service. Call our confidential Helpline on 0800 074 8383 to find out more about this service.

A personal experience

"I found joining a prostate cancer support group was very helpful and the most positive experience during both diagnosis and treatment".

Questions to ask your specialist team

- What is my PSA level?
- Will I need a biopsy? What are the risks and side effects of having a biopsy?
- How many biopsy samples will you take?
- 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 of Counselling and Psychotherapy (BACP)

www.bacp.co.uk Telephone 01455 883300 15 St Johns Business Park, Lutterworth, Leicestershire, LE17 4HB This organisation will help you find trained counsellors.

Cancer Counselling Trust

www.cancercounselling.org.uk Telephone: 020 7843 2292 Edward House, London EC1V 7LT Provides a UK wide telephone counselling service and a face-to-face service at their London office.

Citizens Advice

See your phone book for contact details of your local service. www.adviceguide.org.uk Information and advice on getting financial help with the costs of cancer including travel and prescriptions.

Healthtalkonline

www.healthtalkonline.org Patients share their experience of illness, diagnosis, treatment and care.

'Going for a' website

www.goingfora.com Virtual hospital from the Royal College of Radiologists. Interactive information on cancer treatment and scans. Includes descriptions from both staff and patients.

Macmillan Cancer Support

www.macmillan.org.uk Freephone Cancerline 0808 808 2020 89 Albert Embankment, London SE1 7UQ Practical, emotional and financial sipport for people with cancer. Please note that Macmillan Cancer Support has merged with Cancerbackup.

Maggie's Cancer Caring Centres

www.maggiescentres.org Telephone: 0131 537 2456 Maggie's, The Stables, Western General Hospital, Crewe Road, Edinburgh, EH4 2XU Drop-in cancer information and support centres located in several towns and cities around the UK. The Prostate Cancer Charity makes every effort to make sure that its services provide up-to-date, unbiased and accurate facts about prostate cancer. We hope that these will add to the medical advice you have already been given and will help you to make any decisions you may face. Please do continue to talk to your doctor if you are worried about any medical issues.

The Prostate Cancer Charity funds research into the causes of, and treatments for, prostate cancer. We also provide support and information to anyone concerned about prostate cancer. We rely on charitable donations to continue this work. If you would like to make a donation, please call us on 020 8222 7666.

The Prostate Cancer Charity First Floor, Cambridge House, 100 Cambridge Grove, London W6 0LE Email: info@prostate-cancer.org.uk Telephone: 020 8222 7622

The Prostate Cancer Charity Scotland Unit F22-24 Festival Business Centre, 150 Brand Street, Glasgow G51 1DH Email: scotland@prostate-cancer.org.uk Telephone: 0141 314 0050

Website: www.prostate-cancer.org.uk

Free and confidential Helpline 0800 074 8383* Mon - Fri 10am - 4pm, Wed 7pm - 9pm

Email: helpline@prostate-cancer.org.uk

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* Calls are free of charge from UK landlines. Mobile phone charges may vary. Calls may be monitored for training purposes. Confidentiality is maintained between callers and The Prostate Cancer Charity.

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References to sources of information used in the production of this fact sheet are available on our website.

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