

A practical guide to understanding cancer

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MACMILLAN.  
CANCER SUPPORT**

# **ARE YOU WORRIED ABOUT PROSTATE CANCER?**



# About this leaflet

Some men worry about getting prostate cancer, sometimes because a relative has had it.

This leaflet explains:

- that it is not common for cancer to run in families
- what we know about the main causes of prostate cancer
- what you can do to reduce your risk of cancer.

We have included some quotes from people who have been worried about prostate cancer, which you might find helpful. Some names have been changed. These quotes are from **healthtalk.org**

We've also listed some other useful organisations at the end of this leaflet (see page 17).

# General cancer risk

More than 1 in 3 people in the UK will get cancer during their lives. Everyone has a certain risk of developing cancer. A combination of genes, lifestyle and environment can affect this risk.

Most of the time we don't know exactly what causes a particular cancer. But we do know some of the risk factors for that cancer. Risk factors are things that can make you more likely to develop cancer. They include being older, smoking and being overweight.

Having a particular risk factor doesn't mean you will definitely get cancer. Some risk factors only slightly increase the risk of developing cancer.

Usually, cancer is due to a combination of several risk factors. But some risk factors are more likely to cause cancer than others. Smoking is a good example of this (see page 11). Smoking will greatly increase your risk of getting lung cancer. About 9 out of 10 people who develop lung cancer are smokers. But not everyone who smokes will develop lung cancer.

For most people, increasing age is the biggest risk factor for developing cancer (see page 7). In general, people over 65 are more likely to develop cancer than younger people (those under 50).

Cancer is very common and most of us have relatives who have had cancer. People often worry that a history of cancer in their family greatly increases their risk of developing it. But fewer than 1 in 10 cancers are associated with a strong family history of cancer.

## Family history and prostate cancer risk

Most prostate cancers aren't caused by inherited cancer genes and most men who get prostate cancer don't have a family history of it.

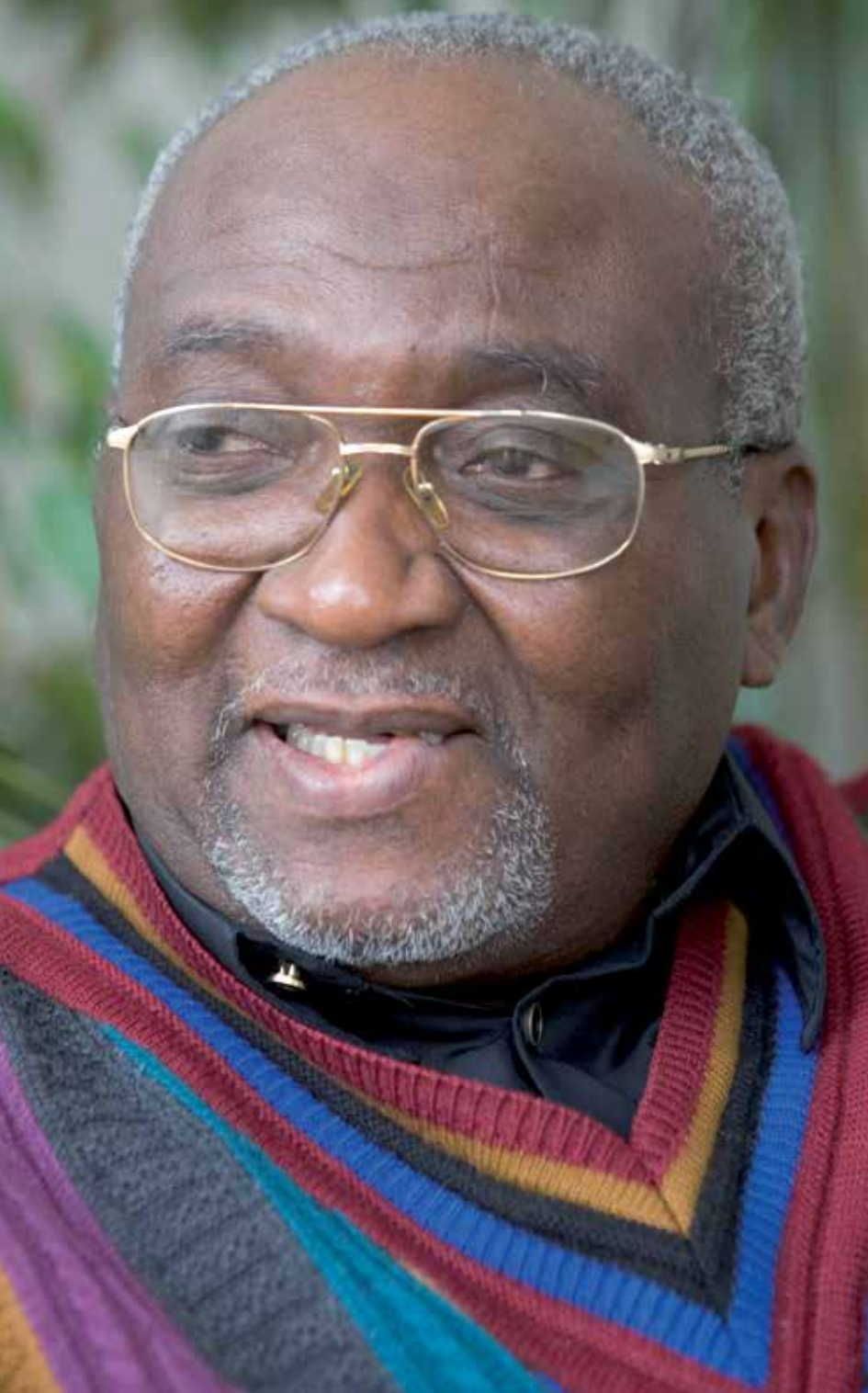
If you have just one relative who developed prostate cancer at an older age, your risk is unlikely to be very different from other men the same age as you. But prostate cancer can sometimes run in families.

In general, the chance of there being a family link is greater when:

- a number of family members have been diagnosed with prostate cancer
- the family members were diagnosed at a young age
- the family members are closely related.

You might be at increased risk if you have:

- one first-degree relative who developed prostate cancer at or under the age of 60 (first-degree relatives are your father, brothers, or sons)
- two or more close relatives on the same side of the family who developed prostate cancer (a close relative is a first-degree relative or a second-degree relative, such as a grandfather, grandson, uncle and nephew).



### Inherited genes and prostate cancer

Experts think that less than 1 in 10 prostate cancers are linked to inherited genes. There isn't one specific 'prostate cancer gene' that explains most of the cases of hereditary prostate cancer. Instead, it is thought that changes (alterations) in several genes may be involved. Each alteration only has a very small effect on a man's risk.

But men who have inherited several of these genetic alterations may have an increased risk of prostate cancer. Scientists are trying to develop a test that could identify men who are at a higher risk of this cancer. But a test isn't available in the UK yet.

In a small number of men, prostate cancer is linked to alterations in the BRCA1 or, more often, the BRCA2 gene. These alterations are also linked to some breast and ovarian cancers. If you have a relative with prostate cancer and there is also a strong history of breast or ovarian cancer on the same side of the family, this may be due to an alteration in these genes.

However, most families with a strong history of prostate cancer don't have alterations in the BRCA1 or BRCA2 genes.

If you are worried that your family history may increase your risk of prostate cancer, talk to your GP. They may be able to reassure you or refer you to a clinical genetics service or a family cancer clinic.

Our booklet **Cancer genetics – how cancer sometimes runs in families** has more information about genetic testing.

'There was some history of prostate cancer in my family. So on my next visit to my GP, I asked what was his advice about me having some tests done.'

**Kwame**



# Other risk factors

Most men who develop prostate cancer don't have a strong family history of it. Other factors can increase the risk of developing prostate cancer.

## Age

The strongest risk factor for prostate cancer is increasing age. More than 1 in 3 men (36%) diagnosed with prostate cancer are aged 75 or over. Prostate cancer is rare in younger men. Only 1 in 100 men (1%) diagnosed with prostate cancer are under the age of 50.

## Ethnicity

Some ethnic groups have a higher chance of developing prostate cancer. Black men from an African-Caribbean or African background are three times more likely to develop prostate cancer than white men. Asian men have a lower risk of developing prostate cancer.

## Weight and height

Being overweight does not increase a man's risk of developing prostate cancer. However, men who are overweight may be more likely to have a fast-growing prostate cancer, or develop advanced prostate cancer (cancer which has spread beyond the prostate gland). Taller men may have an increased risk of this cancer.



# Reduce your cancer risk

Around 4 in 10 cancers in the UK could be prevented by lifestyle changes. Some cancer risk factors, such as age and family history, are beyond our control. But there are some we can control. These are known as lifestyle risk factors and they include things like diet, weight, exercise and smoking.

The evidence for whether lifestyle factors can affect a man's risk of prostate cancer, and by how much, is not clear. But there are things you can do to reduce your risk of cancer in general.

**Making changes to your lifestyle doesn't prevent you from developing cancer. But they make it less likely and will improve your general health.**

'I've got a mountain bike, which I quite enjoy. I don't go too far though. The longest I've ridden is about 10 miles, but that's still good. And, it's great fun too!'

**Ray**

## **Eat a healthy diet**

A healthy diet can reduce your risk of cancer, particularly bowel cancer. It can also lower your risk of other health problems, such as heart disease and diabetes.

You should eat foods that are high in fibre, such as wholegrain bread and pasta, beans and oatmeal. Try to eat five portions of fruit and vegetables a day.

Limiting how much salt, red meat and processed meat you eat is also important. Processed meats are meats that have had preservatives added to them, or that have been preserved by salting, curing or smoking. They include sausages, ham and burgers.



## Keep to a healthy weight

More than half of adults in the UK (61%) are overweight.

Being overweight increases the risk of several cancers, including cancers of the pancreas, bowel and kidney. Being overweight can also lead to other health problems, such as heart disease, high blood pressure or diabetes.

If you are overweight, getting to a healthy weight is one of the best ways to reduce your risk of cancer. Your GP or practice nurse can talk to you about the ideal weight for your height. The best way to lose weight is by eating a healthy diet and being more active.

## Keep physically active

Many studies have found that regular physical activity can reduce the risk of cancer.

You should try to do at least two and a half hours of activity each week. This can be split into 10 to 30 minute sessions throughout the week. You can gradually increase these times as you get used to exercising.

You don't have to go to the gym to keep active. Regular walking, cycling or swimming can be enough. During any activity, you should feel you are breathing quicker but are still able to talk. Your pulse should be slightly faster than normal. If you're not used to doing exercise, your GP can advise you on getting started.

## **Give up smoking**

If you smoke, giving up is the single most important thing you can do for your health. In the UK, about 1 in 5 cancers and more than 1 in 4 cancer deaths are linked to smoking. It increases the risk of many cancers, including cancers of the mouth, throat, lung, bladder, kidney, pancreas, bowel and stomach.

Breathing in other people's smoke (passive smoking) also increases your risk of developing cancer. If you are worried about passive smoking, talk to your doctor or practice nurse.

Help is available if you want to give up smoking. Ask your GP for advice or contact your national stop smoking service below:

### **Smokefree (England)**

**Tel** 0300 123 1044

(Mon–Fri, 9am–8pm, Sat–Sun, 11am–4pm)

**nhs.uk/smokefree**

### **Smokeline (Scotland)**

**Tel** 0800 84 84 84

(Mon–Sun, 8am–10pm)

**canstopsmoking.com**

### **Stop Smoking Wales**

**Tel** 0800 085 2219

(Mon–Fri, 9am–5pm)

**stopsmokingwales.com**

### **Want2stop (Northern Ireland)**

**want2stop.info**

## Limit how much alcohol you drink

Drinking alcohol, especially more than the recommended limits, can increase your cancer risk. About 4 in 100 cancers in the UK are linked to alcohol.

Alcohol increases the risk of cancers of the mouth and throat. It is also linked to cancers of the bowel and liver. In general, the more you drink, the higher your risk.

The NHS guidelines suggest that both men and women should:

- not regularly drink more than 14 units of alcohol in a week
- spread the alcohol units they drink in a week over three or more days
- try to have several alcohol-free days every week.

A unit of alcohol is half a pint of ordinary strength beer, lager or cider, one small glass (125ml) of wine or a single measure (25ml) of spirits.

There is more information about alcohol and drinking guidelines at [drinkaware.co.uk](https://www.drinkaware.co.uk)

## Be prostate aware

Most prostate problems are not caused by cancer. But you should talk to your GP if you:

- have a weak flow of urine, perhaps stopping and starting
- have difficulty in starting to pass urine
- are passing urine more often than usual, especially at night
- feel an urgent need to pass urine
- feel you've not fully emptied your bladder after passing urine
- have pain when passing urine
- have blood in your urine or semen.

These symptoms are usually caused by non-cancerous changes in the prostate rather than by cancer.

You can find more information about prostate problems at **[prostatecanceruk.org](http://prostatecanceruk.org)** or by calling **0800 074 8383**.

# Tests for prostate cancer

There isn't an organised screening programme for prostate cancer in the UK. Your doctor can talk to you about the benefits and disadvantages of having tests to check for prostate cancer.

These tests may include the PSA test. This is a blood test that measures the level of a protein in your blood called prostate-specific antigen (PSA). You may also have a digital rectal examination (DRE). During a DRE, the doctor gently inserts a gloved finger into your back passage to feel the prostate gland. If there is cancer in the prostate, it can feel different.

The PSA test isn't a test for prostate cancer. It's a test for prostate problems, one of which may be cancer. There are still questions about how reliable PSA testing is and whether treatment is always necessary for early prostate cancer.



You can read more about the PSA test in our booklet **Understanding the PSA test**.

To help you decide whether having the PSA test is right for you, the NHS has a programme called Prostate Cancer Risk Management (PCRMP).

You can find out more about this programme at [gov.uk/guidance/prostate-cancer-risk-management-programme-overview](https://www.gov.uk/guidance/prostate-cancer-risk-management-programme-overview)



## If you are still worried

When someone close to you has a serious illness, you may start to worry about your own health. If it is a family member, you may worry about having the same condition. You might find it helpful to talk to someone about your concerns.

If you are still worried, you can ask your GP for details of a local counselling service. You can also call our cancer support specialists on **0808 808 00 00**.

'Because my father was diagnosed with a benign (non-cancerous) condition of the prostate, it made me realise that I should perhaps have the PSA test.'

**Robert**

# Further information and support

## Order our information

We have a wide range of cancer information available to order for free at [be.macmillan.org.uk](https://be.macmillan.org.uk) or call us on **0808 808 00 00**.

Our information is also available online at [macmillan.org.uk/information-and-support](https://macmillan.org.uk/information-and-support)

## Talk to us

You can call the Macmillan Support Line on **0808 808 00 00**. Our cancer support specialists can help with medical questions, money worries or just be there to listen if you need someone to talk to. Our free, confidential phone line is open Monday–Friday, 9am–8pm.

## Related resources

We have more information about prostate cancer, the PSA test and cancer genetics in the following resources:

- **Cancer genetics – how cancer sometimes runs in families**
- **Understanding advanced (metastatic) prostate cancer**
- **Understanding early (localised) prostate cancer**
- **Understanding locally advanced prostate cancer**
- **Understanding the PSA test**

## Other useful organisations

### Prostate cancer information

**Orchid**  
**[www.orchid-cancer.org.uk](http://www.orchid-cancer.org.uk)**

Funds research into men's cancers, their diagnosis, prevention and treatment.

**Prostate Cancer UK**  
**Tel 0800 074 8383**  
**[www.prostatecanceruk.org](http://www.prostatecanceruk.org)**

Provides information on prostate cancer. A confidential helpline is available to anyone concerned about prostate cancer.

**Tackle Prostate Cancer**  
**[www.tackleprostate.org](http://www.tackleprostate.org)**

Raises awareness of prostate cancer, encourages early detection and seeks to ensure that men with prostate cancer always get the best treatment.

### General health information

**Health and Social Care in Northern Ireland**  
**[www.hscni.net](http://www.hscni.net)**

Provides information about health and social care services in Northern Ireland.

**NHS Choices**  
**[www.nhs.uk](http://www.nhs.uk)**  
The UK's biggest health information website. Has service information for England.

**NHS Direct Wales**  
**[www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk)**

NHS health information site for Wales.

**NHS Inform**  
**[www.nhsinform.co.uk](http://www.nhsinform.co.uk)**  
NHS health information site for Scotland.

## Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

## Thanks

This leaflet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our Senior Medical Editor, Dr Marc Tischkowitz, Consultant Clinical Geneticist.

With thanks to: Nicola Bradshaw, Macmillan Principal Genetic Counsellor; Lisa Jeffers, Macmillan Genetic Nurse Counsellor; Dr Alexandra Murray, Consultant Clinical Geneticist and Dr. M.H. Tseung, Macmillan GP Advisor. Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories.

## Sources

If you'd like further information about the sources we use, please contact us at [\*\*bookletfeedback@macmillan.org.uk\*\*](mailto:bookletfeedback@macmillan.org.uk)

More than one in three of us will get cancer. For most of us it will be the toughest fight we ever face. And the feelings of isolation and loneliness that so many people experience make it even harder. But you don't have to go through it alone. The Macmillan team is with you every step of the way.

We are the nurses and therapists helping you through treatment. The experts on the end of the phone. The advisers telling you which benefits you're entitled to. The volunteers giving you a hand with the everyday things. The campaigners improving cancer care. The community there for you online, any time. The supporters who make it all possible.

Together, we are all Macmillan Cancer Support.

For cancer support every step of the way, call Macmillan on **0808 808 00 00** (Mon–Fri, 9am–8pm) or visit **macmillan.org.uk**

Hard of hearing? Use textphone **0808 808 0121**, or Text Relay.

Non-English speaker? Interpreters available.

Braille and large print versions on request.

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