

WE ARE  
MACMILLAN.  
CANCER SUPPORT

A practical guide to tests and treatments

# HAVING TESTS FOR PROSTATE CANCER



# About this booklet

**This booklet is for anyone who may be having tests for prostate cancer. We hope it answers some of your questions and helps you deal with some of the feelings you may have.**

Tests for prostate cancer can be divided into two groups:

- Diagnostic tests, which are carried out to find out if you have prostate cancer (see pages 12 to 17).
- Staging tests, which are done if you have been diagnosed with prostate cancer. These tests help doctors decide which treatment is most suitable for you (see pages 21 to 25).

We cannot advise you about the best treatment for you. This information can only come from your GP and specialist doctors, who know your full medical history.

## How to use this booklet

The booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list on page 3 to help you.

It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

## Quotes

Throughout this booklet, we have included quotes from men who have had tests for prostate cancer. These are from people who have chosen to share their story with us. To share your experience, visit [macmillan.org.uk/shareyourstory](https://www.macmillan.org.uk/shareyourstory)

## For more information

We have other booklets for people who have been diagnosed with prostate cancer and already know what stage their cancer is:

- **Understanding early (localised) prostate cancer**
- **Understanding locally advanced prostate cancer**
- **Understanding advanced (metastatic) prostate cancer.**

You may also find our booklet **Understanding the PSA test** helpful.

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, Monday to Friday, 9am to 8pm, or visit [macmillan.org.uk](https://www.macmillan.org.uk)

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

We have some information in different languages and formats, including audio, eBooks, easy read, Braille, large print and translations. To order these visit [macmillan.org.uk/otherformats](https://www.macmillan.org.uk/otherformats) or call **0808 808 00 00**.

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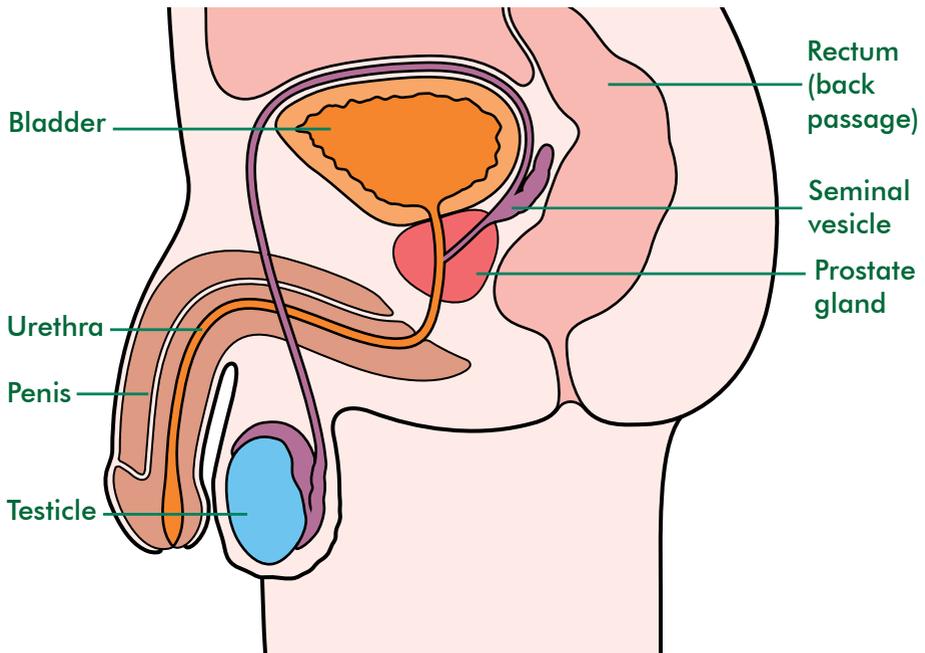
# The prostate

The prostate is a small gland about the size of a walnut. The prostate gets bigger as men get older. It is divided into 2 lobes and has an outer layer called the capsule.

The prostate is below the bladder surrounding the first part of a tube called the urethra. The urethra carries pee (urine) from the bladder to the penis. The same tube also carries semen, which is the fluid containing sperm. Just behind the prostate is the back passage (rectum). There are also some lymph nodes (sometimes called glands) near the prostate (see pages 9 to 10).

The prostate contains muscle tissue and glandular tissue. Glandular tissue is tissue that releases (secretes) certain substances.

## The male reproductive system



## What does the prostate do?

The prostate produces a fluid that mixes with sperm (from the testicles) to make semen. The fluid is kept in a tube-shaped gland that sits behind the bladder. This gland is called the seminal vesicle. During sex, the muscle tissue helps force (ejaculate) prostate fluid and sperm into the urethra.

The male sex hormone testosterone (made in the testicles) controls how the prostate works. Testosterone is responsible for things like your sex drive, getting an erection and muscle development.

The prostate also produces a protein called prostate-specific antigen (PSA). This helps to make semen more watery. A blood test can measure PSA. This is called a PSA test (see pages 12 to 14). Doctors use it to help diagnose different prostate problems, including cancer.

# Symptoms of prostate cancer

Prostate cancer often grows slowly. Symptoms may not develop for many years. Men with early prostate cancer may not have any symptoms, as these only happen when the cancer is large enough to press on the urethra (see pages 4 to 5). The prostate can also become enlarged due to a condition called benign prostatic hyperplasia (BPH), which is non-cancerous. Find out more in our booklet **Understanding the PSA test** – see page 32.

The symptoms of benign (non-cancerous) enlargement of the prostate and prostate cancer are similar. They can include:

- difficulty peeing – for example, a weak flow or having to strain to start peeing
- needing to pee more often than usual, especially at night
- feeling like you have not completely emptied your bladder after peeing
- an urgent need to pee
- blood in the pee or semen
- rarely, pain when peeing or ejaculating.

If you have any of these symptoms, it is important to have them checked by your doctor.

'I had most symptoms of prostate cancer – difficulty peeing, getting up during the night, bursting to go and then not being able to go. I told my GP, who tested my PSA level.'

**Richard**

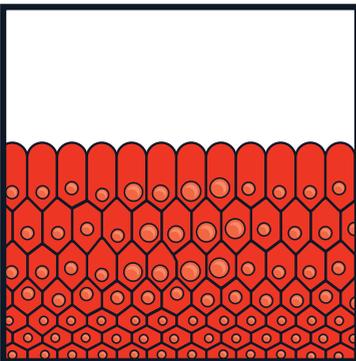
# What is cancer?

Cancer starts in cells in our body. Cells are tiny building blocks that make up the organs and tissues of our bodies. They divide to make new cells in a controlled way. This is how our bodies grow, heal and repair. Cells receive signals from the body telling them when to divide and grow and when to stop growing. When a cell is no longer needed or cannot be repaired, it gets a signal to stop working and die.

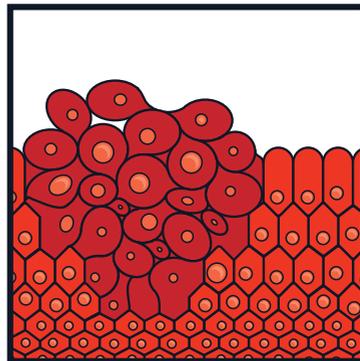
Cancer develops when the normal workings of a cell go wrong and the cell becomes abnormal. The abnormal cell keeps dividing making more and more abnormal cells. These eventually form a lump (tumour). Not all lumps are cancerous. Doctors can tell if a lump is cancerous by removing a small sample of tissue or cells from it. This is called a biopsy. The doctors examine the sample under a microscope to look for cancer cells.

A lump that is not cancerous (benign) may grow but cannot spread to anywhere else in the body. It usually only causes problems if it puts pressure on nearby organs.

Normal cells



Cells forming a tumour



A lump that is cancer (malignant) can grow into nearby tissue. Sometimes, cancer cells spread from where the cancer first started (the primary site) to other parts of the body. They can travel through the blood or lymphatic system. When the cells reach another part of the body, they may begin to grow and form another tumour. This is called a secondary cancer or a metastasis.

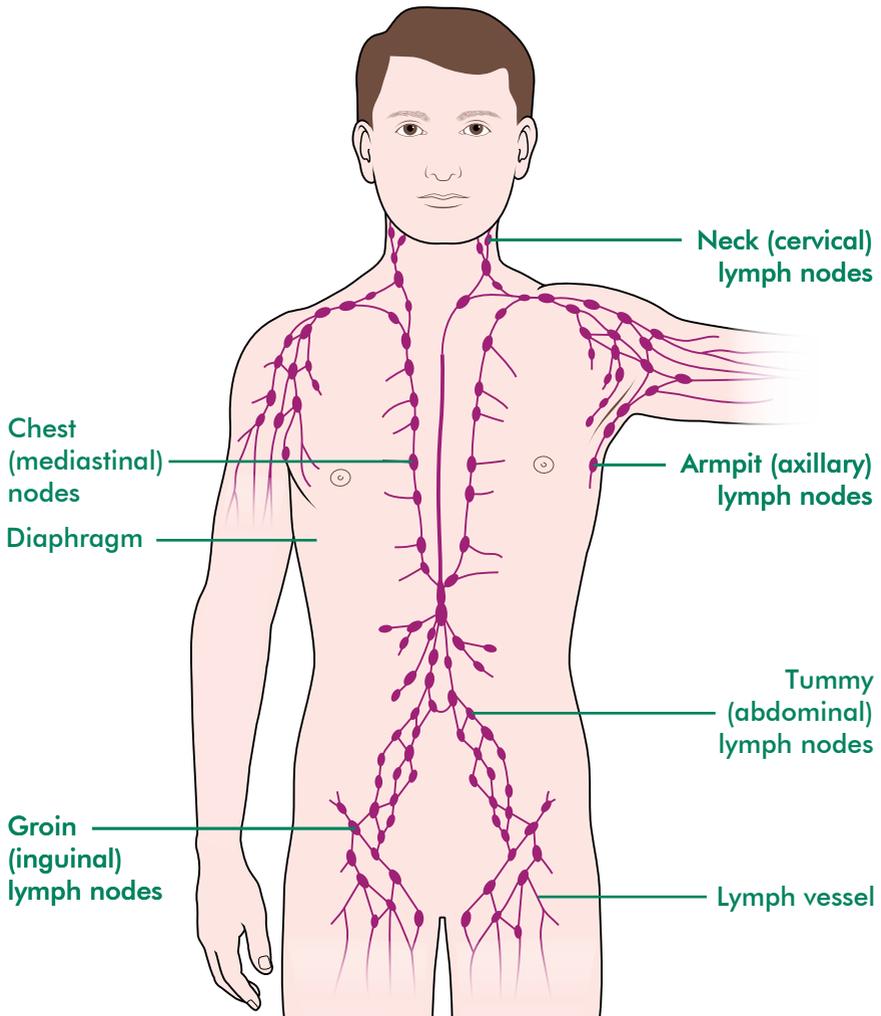
## The lymphatic system

The lymphatic system helps protect us from infection and disease. It also drains lymph fluid from the tissues of the body before returning it to the blood. The lymphatic system is made up of fine tubes called lymphatic vessels that connect to groups of lymph nodes throughout the body.

Lymph nodes (sometimes called lymph glands) are small and bean-shaped. They filter bacteria (germs) and disease from the lymph fluid. When you have an infection, lymph nodes often swell as they fight the infection.

If prostate cancer cells spread to the lymph nodes, they usually go to the nodes close to the prostate. You may have a scan to check if the cancer had spread to these nodes.

## The lymphatic system



## Prostate cancer

Prostate cancer is the most common type of cancer in men. Each year, about 47,000 men in the UK are diagnosed with prostate cancer. It is usually diagnosed in men aged over 65. Prostate cancer can happen in younger men, but it is uncommon in men aged under 50.

Sometimes prostate cancer grows slowly. It may not cause any problems and not all cancers will need to be treated. Other prostate cancers grow faster and need to be treated to stop them spreading.



# How prostate cancer is diagnosed

## Tests and scans for prostate cancer

Men who have symptoms usually begin by seeing their GP. Your GP will examine you and ask about your general health. They may also ask you about any family history of cancer. The first tests used to diagnose prostate cancer are a rectal examination and a PSA test.

### Rectal examination

During a rectal examination, the doctor gently inserts a gloved finger (with lubrication) into the back passage (rectum). As the rectum is close to the prostate, your doctor can feel for any abnormalities in the prostate. This may be uncomfortable, but it is quick and should not be painful.

If there is cancer in the prostate, it may feel hard and bumpy. With benign prostatic hyperplasia (BPH), the prostate is usually enlarged, firm and smooth. But the prostate can feel normal, even when there are cancer cells inside.

### PSA test

The PSA (prostate-specific antigen) test is a blood test that measures the level of PSA in your blood. PSA is a protein produced by the prostate. There is normally a small amount of PSA in the blood. You will have a sample of blood taken to check your PSA level.

Men with prostate cancer tend to have a raised level of PSA. But the test is not always reliable and some men who have a raised level of PSA do not have prostate cancer. This is because as men get older, the level of PSA in the blood rises slowly.

The figures in the table below are a guide to the levels of PSA usually found in men.

Age	Normal PSA level
50 to 59	Up to 3 nanograms per millilitre of blood (3ng/ml)
60 to 69	Up to 4 nanograms per millilitre of blood (4ng/ml)
70 to 79	Up to 5 nanograms per millilitre of blood (5ng/ml)
80 and over	No limit

The level of PSA in the blood can also be raised by:

- urine infections (infections in your pee) or an infection of the prostate (prostatitis)
- recent ejaculation (within the last 48 hours)
- having a tube to drain pee (urinary catheter)
- recent prostate biopsies (within the last 3 months)
- prostate or bladder surgery (within the last 3 months)
- receiving anal sex or prostate stimulation during sex – it is best to avoid this for 1 week before the PSA test.

It is important to let your GP or nurse know about any medicines you are taking before you have your PSA test. This is because some medicines can change the result of your PSA test.

The higher the level of PSA, the more likely it is to be cancer. PSA levels in men who have prostate cancer begin to go down after they have had treatment. So measuring PSA levels can be a helpful way of checking the cancer and whether treatment is working.

Your GP will refer to the hospital if:

- your PSA level is raised
- your prostate feels abnormal.

At the hospital, you will be able to talk to a specialist doctor or nurse about further tests (see pages 21 to 24).

### **PCA3 (prostate cancer antigen 3) test**

This test is still being researched. PCA3 is a protein made by normal prostate cells. Men with prostate cancer make more of this protein than usual. If someone has high levels of this protein, it can be found in their pee.

The PCA3 test cannot diagnose cancer on its own, but it might help doctors decide whether you should have a biopsy. So, those who are very unlikely to have prostate cancer could avoid the possible risks and side effects of having a prostate biopsy.

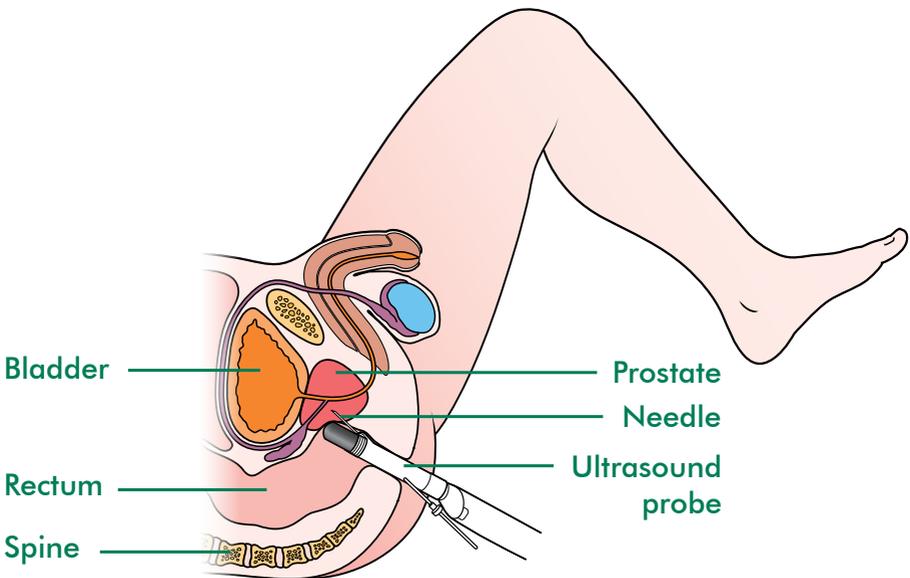
The PCA3 test is not available on the NHS, but it may be available privately. Your doctor or specialist nurse can talk to you about how helpful it might be for you.

## Trans-rectal ultrasound scan (TRUS) biopsy

If the rectal examination and PSA tests show there is a possibility of cancer, you may have a prostate biopsy.

You will usually be offered a type of biopsy called a TRUS biopsy. You lie on your left side with your knees pulled up to your chest. A small ultrasound probe is passed gently into the back passage (rectum) using lubricating gel. This will show an image of the prostate on a screen. This helps the doctor guide a needle into the prostate. The needle takes a sample of tissue (a biopsy). The doctor will usually take 12 small samples of tissue from the prostate. A pathologist (a doctor who specialises in studying cells) looks at the tissue under a microscope to check for cancer cells.

### TRUS biopsy



Some men find having a TRUS biopsy uncomfortable. You will have a local anaesthetic to numb the area and reduce any pain or discomfort. The doctor will also give you antibiotics to reduce the risk of infection.

For 24 hours after this test, it is important to drink plenty of fluids. You may have blood in your semen for up to a few weeks after the scan. You may also have a small amount of blood in your pee or poo (stools). If these symptoms do not go away, speak to your doctor.

If you are a man who receives anal sex, you should avoid this for a few weeks until the biopsy area has healed. Talk to your doctor or specialist nurse if you need more advice.

In some situations, doctors may think there is cancer in the prostate even if it has not been found by a biopsy. This may be because of the level of PSA. If this happens, you may be offered an MRI scan to decide whether another biopsy is needed.

## Template biopsy

Your PSA level may be checked again after a few months. If it has started to rise, you may have another type of biopsy called a template biopsy. This is done under a general anaesthetic. The doctors pass a needle through the skin between the scrotum (the skin that covers the testicles) and the anus. They use a needle which can take many small tissue samples from different areas of the prostate. This test is used if your doctor thinks there is a high risk you have cancer, but biopsies have not found it.

Your doctor can talk to you about whether a template biopsy might be helpful in your situation.

## Multi-parametric MRI scan

An MRI (magnetic resonance imaging) scan uses magnetism to build up a detailed picture of certain areas of the body (see pages 22 to 23). You may be given an injection of dye into a vein to improve the images from the scan.

In some hospitals, you may have an MRI scan before a biopsy. Specialised scans called multi-parametric MRI scans can give doctors more detailed images of the body. These images give doctors more information about a suspected area of cancer. This can help them to specifically target suspicious areas of the prostate if a biopsy is needed. Based on the information that the doctor gets from the image, you may decide together that a biopsy is not needed.

# Waiting for your test results

Waiting for tests results can be a difficult time. It may take from a few days to a couple of weeks for the results of your tests to be ready. Many people can feel anxious during this time.

There is no right or wrong way to deal with these feelings. Some men find it helpful to carry on with normal activities as much as possible.

**'It may have been a form of coping, but I just distracted myself with my job and my family while waiting for the results.'**

**Mateo**

Other men look for information about prostate cancer during this time. Searching for information can help you feel more in control while you wait for your results. But if you do not have a diagnosis, some information can be confusing and upsetting. It may be better to wait until you have a diagnosis before looking for more information. If you do decide to find out more, it is a good idea to make sure the information is from a reliable source.



'Too much browsing the internet did me no good. I am happier just knowing enough to be able to understand my consultant and ask relevant questions.'

**Tim**

## Things that may help

People have different support networks. Whether yours is your family, your partner, a friend or a social group, try to talk to someone you trust about how you are feeling.

If you feel you have no one to talk to, you can call our cancer support specialists on **0808 808 00 00**. Or you can visit our Online Community ([community.macmillan.org.uk](https://community.macmillan.org.uk)) where you can speak to other people who understand. There are lots of other sources of support too (see pages 37 to 43).

If you struggle to sleep during this time, simple breathing and relaxation exercises may be useful. Almost everyone can learn relaxation techniques. You could do this at home using a CD, podcast or app.

# Your test results

Once the test results are ready, you will have an appointment with your specialist. Some men will be told they do not have cancer, but their specialist might explain any treatment needed for their symptoms. Or they may not need any treatment.

Some men will be told they have prostate cancer. They may need to have further tests to help the doctors plan treatment (see pages 21 to 22). Other men will not need further tests. Their specialist will talk with them about their treatment options.

Your doctor will explain the different treatment options and any possible side effects. It may be helpful to take someone with you to this appointment to help you remember what was said. You might also like to write down any questions you have (see pages 30 and 44).

Your specialist may give you a choice of treatments. This happens when different treatments are thought to work equally well. But you may prefer one type of treatment based on what is involved and the possible side effects.

## Staging tests

Once you have been diagnosed, you may need further tests to help doctors know more about the cancer. These are called staging tests.

Whether you have any further tests will depend on the risk of the cancer growing quickly. Doctors work out your risk by looking at:

- the PSA level – a blood test which can help doctors diagnose prostate cancer (see pages 12 to 17)
- the stage of the cancer – the size of the cancer and whether it has spread
- the grade of the cancer – this gives doctors an idea of how quickly the cancer might grow.

The following tests can be also used to help diagnose or stage prostate cancer. You may not need to have all of them. Your doctor should explain the benefits and disadvantages of each test before you agree to have any of them. They will also tell you how and when you will get the results.

The tests may include more blood tests, as well as any of the following.

### **MRI (magnetic resonance imaging) scan**

This test uses magnetism to build up a detailed picture of areas of your body. The scanner is a powerful magnet so you may be asked to complete and sign a checklist to make sure it is safe for you. The checklist asks about any metal implants you may have, such as a pacemaker, surgical clips or bone pins, etc. You should also tell your doctor if you have ever worked with metal or in the metal industry as very tiny fragments of metal can sometimes lodge in the body. If you do have any metal in your body, it is likely that you will not be able to have an MRI scan. In this situation, another type of scan can be used. Before the scan, you will be asked to remove any metal belongings including jewellery.

Some people are given an injection of dye into a vein in the arm, which does not usually cause discomfort. This is called a contrast medium and can help the images from the scan to show up more clearly. During the test, you will lie very still on a couch inside a long cylinder (tube) for about 30 minutes. It is painless but can be slightly uncomfortable, and some people feel a bit claustrophobic. It is also noisy, but you will be given earplugs or headphones. You can hear, and speak to, the person operating the scanner.

## **Bone scan**

The bones are the most common place for prostate cancer to spread to beyond the lymph nodes (see pages 9 to 10). A bone scan can show abnormal areas of bone.

A small amount of a radioactive liquid is injected into a vein, usually in your arm. A scan is then taken of the whole body. Abnormal bone absorbs more of the radioactive substance than the normal bone does. It shows up on the scan as highlighted areas called hot spots.

After the injection, you will have to wait for up to 3 hours before having the scan. So it is a good idea to take something with you like a book or some music.

The level of radioactivity that is used is very low and does not cause any harm. However, you may be asked to avoid long periods of close contact with children or pregnant women for a while after the scan. This is usually for 2 to 3 days, but the staff at the hospital will give you more information.

This scan can also detect other conditions affecting the bones, such as arthritis. If any hot spots show up on the scan, you may need further tests, such as an x-ray of the abnormal area. These tests can confirm if the hot spots are cancer.

## CT scan

A CT (computerised tomography) scan takes a series of x-rays, which build up a three-dimensional picture of the inside of the body. The scan takes 10 to 30 minutes and is painless. It uses a small amount of radiation, which is very unlikely to harm you and will not harm anyone you come into contact with. You will be asked not to eat or drink for at least 4 hours before the scan.

You may be given a drink or injection of a dye, which allows particular areas to be seen more clearly. This may make you feel hot all over for a few minutes. It is important to let your doctor know if you are allergic to iodine or have asthma, because you could have a more serious reaction to the injection.

You will probably be able to go home as soon as the scan is over.

A CT scan



# Staging and grading

## Staging

The stage of a cancer describes its size and how far it has spread. The results of your tests help your doctors decide on the stage. You and your doctors can then talk about the best treatment choices for you.

There are a few different systems used for staging prostate cancer. A simplified number staging system is described below.

- **Stage 1** means the tumour is contained in the prostate (see pages 4 to 5). The tumour is too small to be felt when a doctor does a rectal examination or to be seen on a scan (see page 12 for more on rectal examinations).
- **Stage 2** means the tumour is still contained in the prostate, but your doctor can feel it when they do a rectal examination.
- **Stage 3** means the tumour has started to break through the outer capsule of the prostate and may be in the nearby tubes that produce semen (seminal vesicles) – see pages 4 to 5.
- **Stage 4** means the tumour has spread outside the prostate. It may have spread to areas such as the bladder or back passage (rectum). Or it may have spread further, for example to the bones.

Using the numbered staging system described above:

- stages 1 and 2 are known as early (localised) prostate cancer
- stage 3 is known as locally advanced prostate cancer
- stage 4 is known as advanced (metastatic) prostate cancer.

## Grading

A doctor decides the grade of the cancer by how the cancer cells look under the microscope. The grade gives an idea of how quickly the cancer might grow or spread.

### Gleason score

Gleason is the most commonly used grading system. It looks at the pattern of cancer cells in the prostate. There are 5 different patterns, graded from 1 to 5.

Grade 1 is very similar to normal prostate tissue, and grade 5 is very different to normal tissue. Only grades 3, 4 and 5 are cancer.

There may be more than one grade. The doctor examines all the samples taken at your biopsy. They find:

- the most common grade in the samples
- the highest grade in the samples.

They add these together to get your Gleason score. A Gleason score of 7 could be 3 + 4 or 4 + 3.

If your Gleason score is between 6 and 10:

- Gleason score 6 means the cancer is slow-growing and less likely to spread
- Gleason score 7 means the cancer is between a slow-growing and fast-growing cancer (intermediate grade)
- Gleason score 8 to 10 means the cancer is more likely to grow quickly and to spread (high grade).

If you are diagnosed with cancer, your cancer doctor or specialist nurse will give you more information about the stage and grade.

# Talking to health and social care staff

Most conversations with your healthcare team will probably go well. However, some people feel as though they are not getting the information they need.

Here are some tips for talking to health and social care staff.

- Ask your doctors and nurses to use simple language and to explain medical terms. If they use words you do not understand, ask them to explain them to you. Sometimes they may forget that you are not as familiar with medical terms as they are.
- Use your own words. Although your doctors or nurses may use medical terms, you do not have to. It is okay to use your own words to describe the problem. Using medical terms that you only partly understand might cause problems. Health professionals may think that you understand lots of medical terms and continue to use that type of language, which may lead to more confusion.
- If you are embarrassed, say so. We all find certain medical symptoms and problems embarrassing. They are often not the kinds of thing we want to talk about with someone else. Some men find the idea of a rectal examination embarrassing (see page 12). If you can, let your doctor know if you feel uncomfortable about any procedures or examinations so they know how you are feeling.
- Try to think of any questions you want to ask before you meet with your doctor or nurse. It can help to write them down (you can use page 44).

- During appointments, write down the important points (you can use page 44). Some health professionals are happy for you to record the discussion, so that you can listen to it later. You can also ask your medical team for a copy of any letters about your discussion with them.
- Remember, you will have other chances to ask questions. You may also be given details for a specialist nurse you can contact if you have forgotten to ask a question, or if you do not understand something.

Diagnosis and treatment can be a worrying and confusing time. Talking to your health and social care team can help. Many people feel better and more in control when they know what is happening to them and why.

People often feel that hospital staff are too busy to answer their questions. But it is important that you understand what is happening and how the cancer and its treatment may affect you. The staff should be willing to make time for your questions.

**'If you do not know or understand something, then ask. The consultants and doctors are there for you, so make use of them.'**

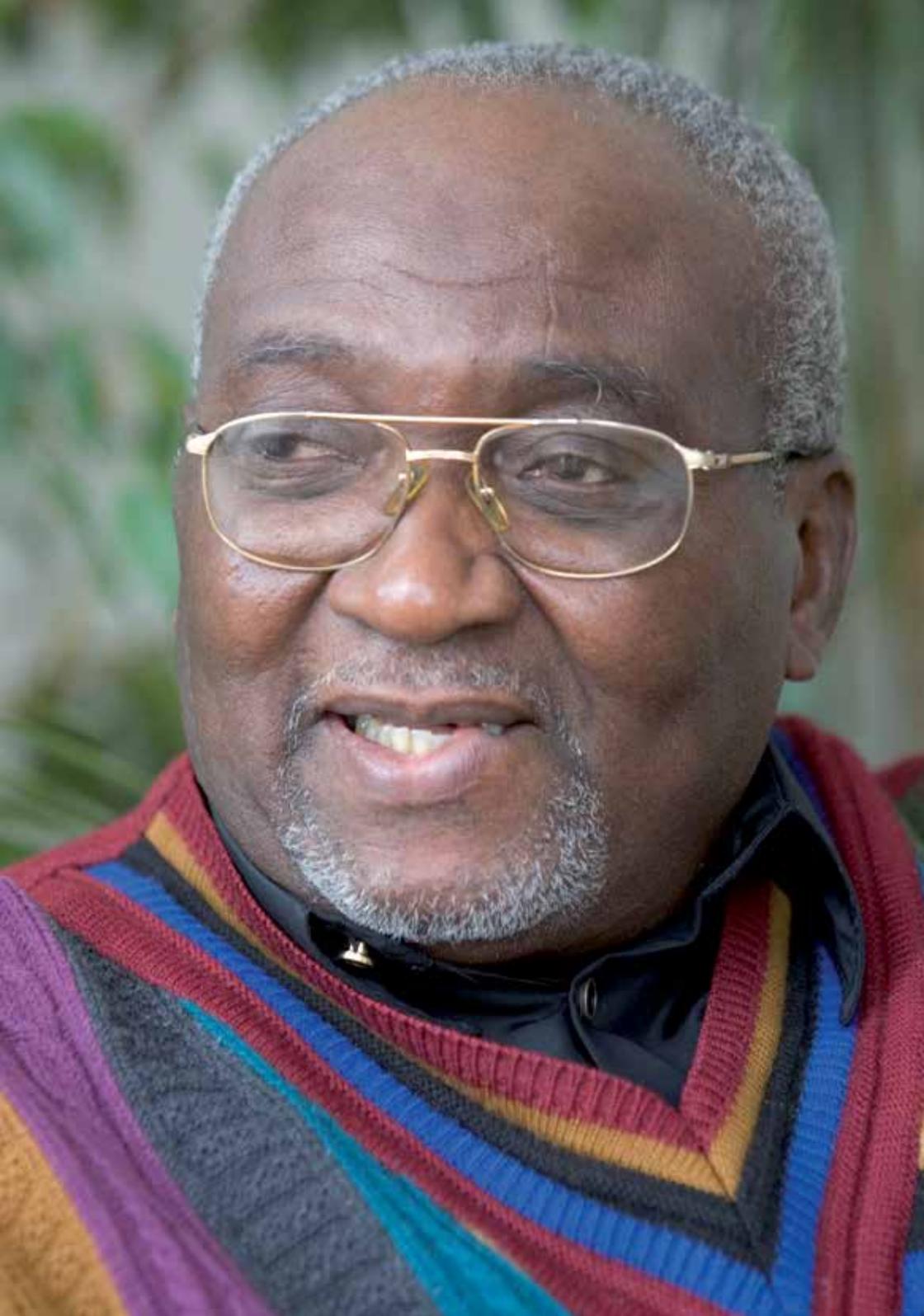
**John**

# Asking questions

Here are some questions you may want to ask your healthcare team.

- What tests do I need?
- When will I get the test results?
- What are the risks and benefits of each treatment?
- If my cancer does come back, can I have more treatment?
- Will I come back for check-ups and if so, how often?
- Who should I call if I need help between appointments?
- What will happen if I decide not to have treatment?

You can use page 44 to write down any answers or information you get from your healthcare team.



# About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

## Order what you need

You may want to order more leaflets or booklets like this one.

Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets on different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer and information for carers, family and friends.

## Online information

All of our information is also available at **macmillan.org.uk/information-and-support**. There you will also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

## Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- eBooks
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats**

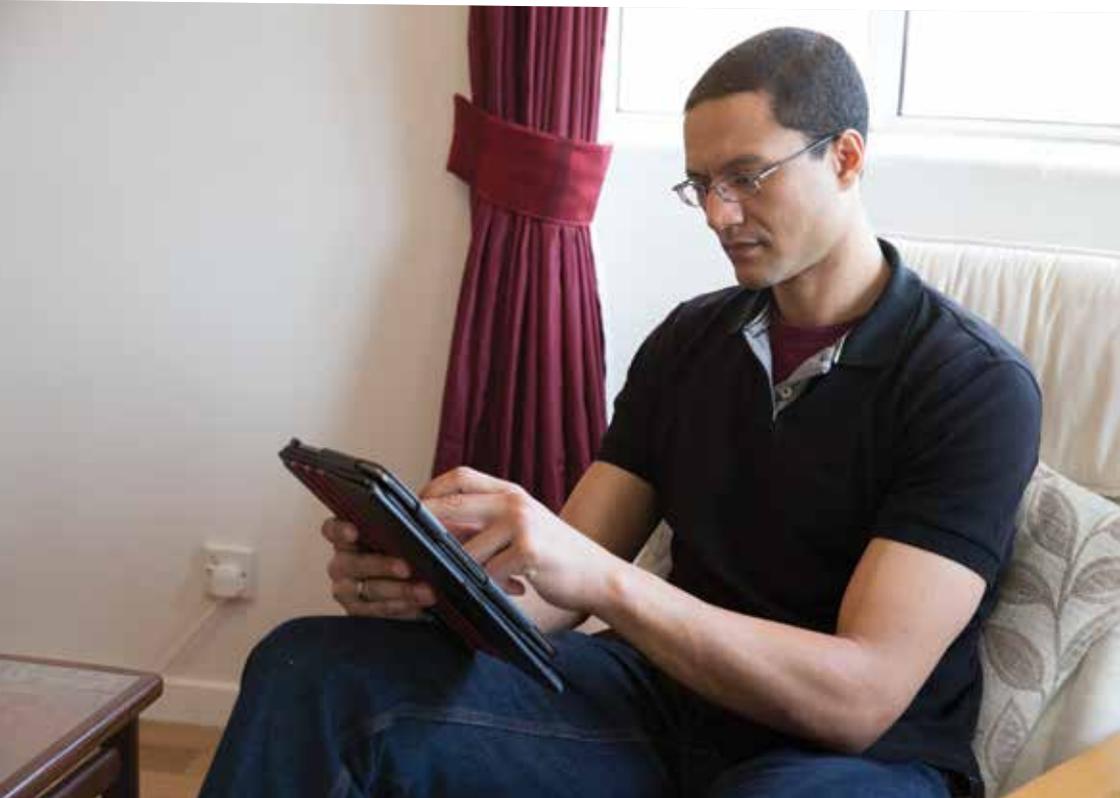
If you would like us to produce information in a different format for you, email us at **cancerinformationteam@macmillan.org.uk** or call us on **0808 808 00 00**.

## Help us improve our information

We know that the people who use our information are the real experts. That is why we always involve them in our work. If you have been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you would like to hear more about becoming a reviewer, email [reviewing@macmillan.org.uk](mailto:reviewing@macmillan.org.uk) You can get involved from home whenever you like, and we do not ask for any special skills – just an interest in our cancer information.



# Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

## Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

### Macmillan Support Line

Our free, confidential phone line is open Monday to Friday, 9am to 8pm. Our cancer support specialists can:

- help with any medical questions you have about cancer or your treatment
- help you access benefits and give you financial guidance
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

Call us on **0808 808 00 00** or email us via our website, **macmillan.org.uk/talktous**

## Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face.

Visit one to get the information you need, or if you would like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

## Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That is why we help to bring people together in their communities and online.

## Support groups

Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting [macmillan.org.uk/selfhelpandsupport](https://www.macmillan.org.uk/selfhelpandsupport)

## Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at [macmillan.org.uk/community](https://www.macmillan.org.uk/community)

## The Macmillan healthcare team

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

'Everyone is so supportive on the Online Community, they know exactly what you're going through. It can be fun too. It's not all just chats about cancer.'

Mal

## Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you have been affected in this way, we can help.

### Financial guidance

Our financial team can give you guidance on mortgages, pensions, insurance, borrowing and savings.

### Help accessing benefits

Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

### Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on **0808 808 00 00** to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area. Visit **[macmillan.org.uk/financialsupport](https://www.macmillan.org.uk/financialsupport)** to find out more about how we can help you with your finances.

## Help with work and cancer

Whether you are an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit **[macmillan.org.uk/work](https://www.macmillan.org.uk/work)**

### My Organiser app

Our free mobile app can help you manage your treatment, from appointment times and contact details, to reminders for when to take your medication. Search 'My Organiser' on the Apple App Store or Google Play on your phone.

# Other useful organisations

There are lots of other organisations that can give you information or support.

## Prostate cancer support organisations

### Bladder and

### Bowel Community

**Helpline** 0800 031 5412

### Email

[help@bladderandbowel.org](mailto:help@bladderandbowel.org)

**www.bladderandbowel.org**

Provides information and advice on a range of symptoms and conditions related to the bladder and bowel, including incontinence, constipation and diverticular disease.

### Orchid

**Helpline** 0808 802 0010

### Email

[helpline@orchid-cancer.org.uk](mailto:helpline@orchid-cancer.org.uk)

**www.orchid-cancer.org.uk**

Funds research into men's cancers and their diagnosis, prevention and treatment. Offers free information leaflets and fact sheets, and runs an enquiry service supported by Orchid Male Cancer

Information Nurses.

### Prostate Cancer UK

**Helpline** 0800 074 8383

**www.prostatecanceruk.org**

Provides information and support to men with prostate cancer and their families. Has offices in London, the Midlands, Scotland, Wales and Northern Ireland.

### Prostate Scotland

**Tel** 0131 603 8660

### Email

[info@prostatescotland.org.uk](mailto:info@prostatescotland.org.uk)

**www.prostate  
scotland.org.uk**

A Scottish charity set up to provide information, advice and support on prostate health and diseases of the prostate. You can watch videos online and download free leaflets and booklets.

### **Tackle Prostate Cancer**

**Tel** 0800 035 5302

**Email**

helpline@tackleprostate.org

**www.tackleprostate.org**

An organisation of UK patient-led prostate cancer support groups.

### **Support with sexual issues**

#### **The Sexual Advice Association**

**www.sda.uk.net**

Aims to improve the sexual health and well-being of men and women, and to raise awareness of how sexual conditions affect the general population.

### **General cancer support organisations**

#### **Cancer Black Care**

**Tel** 020 8961 4151

**Email**

info@cancerblackcare.org.uk

**www.cancerblackcare.org.uk**

Offers UK-wide information and support for people with cancer, as well as their friends, carers and families, with a focus on those from BME communities.

#### **Cancer Focus**

##### **Northern Ireland**

**Helpline** 0800 783 3339

(Mon to Fri, 9am to 1pm)

**Email**

nurseline@cancerfocusni.org

**www.cancerfocusni.org**

Offers a variety of services to people affected by cancer in Northern Ireland, including a free helpline, counselling and links to local support groups.

#### **Cancer Research UK**

**Helpline** 0808 800 4040

(Mon to Fri, 9am to 5pm)

**www.cancerresearchuk.org**

A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

#### **Cancer Support Scotland**

**Tel** 0800 652 4531

(Mon to Fri, 9am to 5pm)

**Email**

info@cancersupportscotland.org

**www.cancersupportscotland.org**

Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

**Macmillan Cancer Voices**  
**[www.macmillan.org.uk/cancervoices](http://www.macmillan.org.uk/cancervoices)**

A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

**Maggie's Centres**

**Tel** 0300 123 1801

**Email**

[enquiries@maggiescentres.org](mailto:enquiries@maggiescentres.org)

**[www.maggiescentres.org](http://www.maggiescentres.org)**

Has a network of centres in various locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

**Penny Brohn UK**

**Helpline** 0303 3000 118

(Mon to Fri, 9.30am to 5pm)

**Email**

[helpline@pennybrohn.org.uk](mailto:helpline@pennybrohn.org.uk)

**[www.pennybrohn.org.uk](http://www.pennybrohn.org.uk)**

Offers a combination of physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

**Tenovus**

**Helpline** 0808 808 1010

(Daily, 8am to 8pm)

**Email**

[info@tenovuscancercare.org.uk](mailto:info@tenovuscancercare.org.uk)

**[www.tenovuscancercare.org.uk](http://www.tenovuscancercare.org.uk)**

Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

**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.

## Healthtalk

**Email** [info@healthtalk.org](mailto:info@healthtalk.org)

**www.healthtalk.org**

**www.healthtalk.org/young-peoples-experiences (site for young people)**

Has information about cancer, and videos and audio clips of people's experiences.

Also provides advice on topics such as making decisions about health and treatment.

## NHS Choices

**www.nhs.uk**

The UK's biggest health information website. Has service information for England.

## NHS Direct Wales

**www.nhsdirect.wales.nhs.uk**

NHS health information site for Wales.

## Counselling

**British Association for Counselling and Psychotherapy (BACP)**

**Tel** 01455 883 300

**Email** [bacp@bacp.co.uk](mailto:bacp@bacp.co.uk)

Promotes awareness of counselling and signposts people to appropriate services across the UK. You can search for a qualified counsellor at **[itsgoodtotalk.org.uk](http://itsgoodtotalk.org.uk)**

**UK Council for Psychotherapy (UKCP)**

**Tel** 020 7014 9955

**Email** [info@ukcp.org.uk](mailto:info@ukcp.org.uk)

**www.psychotherapy.org.uk**

Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

## Emotional and mental health support

### **Mind**

**Helpline** 0300 123 3393

**Text** 86463

**Email** [info@mind.org.uk](mailto:info@mind.org.uk)

**[www.mind.org.uk](http://www.mind.org.uk)**

Provides information, advice and support to anyone with a mental health problem through its helpline and website.

### **Samaritans**

**Helpline** 116 123

**Email** [jo@samaritans.org](mailto:jo@samaritans.org)

**[www.samaritans.org](http://www.samaritans.org)**

Samaritans branches are located across England, Ireland, Scotland and Wales. Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair. of the UK.

## LGBT-specific support

### **LGBT Foundation**

**Tel** 0345 330 3030 (Mon to Fri, 10am to 10pm, and Sat 10am to 6pm)

**Email** [helpline@lgbt.foundation](mailto:helpline@lgbt.foundation)

**[www.lgbt.foundation](http://www.lgbt.foundation)**

Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

## Support for older people

### **Age UK**

**Helpline** 0800 678 1174

(Daily, 8am to 7pm)

**[www.ageuk.org.uk](http://www.ageuk.org.uk)**

Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

## Support for young people

### **CLIC Sargent**

**Tel** 0300 330 0803

**www.clicsargent.org.uk**

Provides clinical, practical, financial and emotional support to children with cancer in the UK.

### **Teenage Cancer Trust**

**Tel** 0207 612 0370

(Mon to Fri, 9am to 5.30pm)

#### **Email**

hello@teenagecancertrust.org

**www.teenagecancertrust.org**

A UK-wide charity devoted to improving the lives of teenagers and young adults with cancer. Runs a support network for young people with cancer, their friends and families.

## **Youth Access**

**Tel** 020 8772 9900

(Mon to Fri, 9.30am to 1pm, then 2pm to 5.30pm)

#### **Email**

admin@youthaccess.org.uk

**www.youthaccess.org.uk**

A UK-wide organisation providing counselling and information for young people. Find your local service by visiting **www.youthaccess.org.uk/find-your-local-service**

## Support for carers

### **Carers Trust**

**Tel** 0300 772 9600

(Mon to Fri, 9am to 5pm)

**Email** info@carers.org

**www.carers.org**

Provides support, information, advice and services for people caring at home for a family member or friend. You can find details for UK offices and search for local support on the website.

## **Carers UK**

**Helpline** 0808 808 7777

**(England, Scotland, Wales)**

(Mon to Wed, 10am to 4pm)

**Helpline** 028 9043 9843

**(Northern Ireland)**

**Email** [advice@carersuk.org](mailto:advice@carersuk.org)

**[www.carersuk.org](http://www.carersuk.org)**

Offers information and support to carers across the UK.

Has an online forum and can put people in contact with support groups for carers in their area.



## 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 booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our Senior Medical Editors, Dr Jim Barber, Consultant Clinical Oncologist and Dr Lisa Pickering, Consultant Medical Oncologist

With thanks to: Dr Alison Birtle, Consultant Clinical Oncologist; Jane Booker, Macmillan Urology Nurse Specialist; Mr Christian Brown, Consultant Urological Surgeon; Sharon Clovis, Prostate Nurse Specialist; Gill Davis, Specialist Urology Nurse; Louise Dawson, Macmillan Uro-oncology Clinical Nurse Specialist; Ben Hearnden, Prostate Nurse Specialist; Mr Graham Hollins, Consultant Urological Surgeon; Dr Duncan McLaren, Consultant Clinical Oncologist; and Professor Jonathan Waxman, Professor of Oncology.

Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories.

We welcome feedback on our information. If you have any, please contact **[cancerinformationteam@macmillan.org.uk](mailto:cancerinformationteam@macmillan.org.uk)**

## Sources

We have listed a sample of the sources used in the booklet below. If you would like further information about the sources we use, please contact us at **[cancerinformationteam@macmillan.org.uk](mailto:cancerinformationteam@macmillan.org.uk)**

European Association of Urologists. Guidelines on Prostate Cancer. (2016).

European Society for Medical Oncology. Cancer of the prostate: ESMO clinical practice guidelines for diagnosis, treatment and follow-up. (2015).

National Institute for Health and Care Excellence (NICE) Prostate cancer overview. [www.pathways.nice.org.uk/pathways/prostate-cancer](http://www.pathways.nice.org.uk/pathways/prostate-cancer). (accessed Nov 2017).

National Institute for Health and Care Excellence (NICE). Surveillance report 2016.

Prostate cancer: diagnosis and treatment. NICE clinical guideline (accessed Jan 2014).

Suspected cancer: recognition and referral. NICE clinical guideline. (2015).

# Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.



## **Share your cancer experience**

Support people living with cancer by telling your story, online, in the media or face to face.

## **Campaign for change**

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

## **Help someone in your community**

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

## **Raise money**

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

## **Give money**

Big or small, every penny helps. To make a one-off donation see over.

**Call us to find out more**

**0300 1000 200**

**[macmillan.org.uk/getinvolved](http://macmillan.org.uk/getinvolved)**

## Please fill in your personal details

Mr/Mrs/Miss/Other \_\_\_\_\_

Name \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please accept my gift of £ \_\_\_\_\_

(Please delete as appropriate)

I enclose a cheque / postal order /  
Charity Voucher made payable to  
Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity  
Card / Switch / Maestro

Card number

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## Don't let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

- I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box.

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.



If you'd rather donate online go to [macmillan.org.uk/donate](https://macmillan.org.uk/donate)

Please cut out this form and return it in an envelope (no stamp required) to:  
Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851,  
89 Albert Embankment, London SE1 7UQ

This booklet is for anyone who may be having tests for prostate cancer. We hope it answers some of your questions and helps you deal with some of the feelings you may have.

The booklet explains the different tests you might have for prostate cancer. It has information about what prostate cancer is, how it is diagnosed and what test results mean.

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, Monday to Friday, 9am to 8pm, or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

Need information in different languages or formats? We produce information in audio, eBooks, easy read, Braille, large print and translations. To order these visit **macmillan.org.uk/otherformats** or call our support line.

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