

Locally advanced prostate cancer



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This fact sheet is for anyone who has been diagnosed with locally advanced prostate cancer – cancer that's spread to the area just outside the prostate gland. We explain what locally advanced prostate cancer is, what your test results mean, and the treatment options available. Your partner, family or friends might also find this information helpful.

If you want to find out about localised prostate cancer (cancer that hasn't spread outside the prostate) or advanced prostate cancer (cancer that has spread to other parts of the body), read our fact sheets, *Localised prostate cancer* and *Advanced prostate cancer*.

Each hospital will do things slightly differently. Use this fact sheet as a general guide and ask your doctor or nurse for more information. You can also speak to our Specialist Nurses, in confidence, on 0800 074 8383, or chat to them online.

Symbols

These symbols appear in this fact sheet to guide you to more information:



Speak to our Specialist Nurses



Read our publications

What is locally advanced prostate cancer?

Locally advanced prostate cancer is cancer that has started to break out of the prostate, or has spread to the area just outside the prostate.

You may hear it called stage T3 or T4 prostate cancer. It may have spread to your:

- prostate capsule, which is the outer layer of the prostate
- seminal vesicles, which are two glands that sit behind your prostate and store and release some of the fluid in semen (the fluid that carries sperm)
- lymph nodes near your prostate, which are part of your immune system
- bladder, which is the part of the body where urine (wee) is stored
- back passage (rectum)
- pelvic wall.



Different doctors may use the term 'locally advanced prostate cancer' to mean slightly different things, so ask your doctor or nurse to explain exactly what they mean. They can explain your test results and the treatment options available. Or you could call our Specialist Nurses for more information and support.



How is locally advanced prostate cancer diagnosed?

Prostate cancer is diagnosed using the results of some or all of the following tests.

Prostate specific antigen (PSA) test

This measures the amount of PSA in your blood. PSA is a protein produced by normal cells in the prostate and also by prostate cancer cells, wherever they are in the body.

Digital rectal examination (DRE)

The doctor feels your prostate through the wall of the back passage (rectum). They feel for any hard or lumpy areas that might be a sign of cancer.

Magnetic resonance imaging (MRI) scan

This creates a detailed picture of your prostate and the surrounding tissues. You may have had an MRI scan to help your medical team decide whether you needed a biopsy, or to decide which areas of the prostate to take the biopsy samples from. An MRI scan may also be used after a biopsy has found cancer, to see if the cancer has spread outside the prostate.

Prostate biopsy

A thin needle is used to take small pieces of tissue from the prostate. The tissue is looked at under a microscope to check for cancer.

Computerised tomography (CT) scan

This can show whether the cancer may have spread outside the prostate, for example to the lymph nodes or nearby bones.

Bone scan

This can show if any cancer cells may have spread to your bones, which is a common place for prostate cancer to spread to. You might not need a bone scan if the result would be unlikely to affect what treatments you could have.

Read more about tests in our fact sheet,



How prostate cancer is diagnosed.

What do my test results mean?

Your results will help your doctor understand how far your cancer has spread and how quickly it might grow. This will help you and your doctor to discuss what treatments might be suitable for you. There's space to write down your test results in our booklet, **Prostate cancer: A guide for men who've just been diagnosed.**



PSA level

It's normal to have a small amount of PSA in your blood. The amount rises as you get older and your prostate gets bigger. Other things can also raise your PSA level, including prostate cancer. You may have had a PSA test that showed your PSA was raised, and then had other tests to diagnose your prostate cancer.

Biopsy results

Your biopsy results will show how aggressive the cancer is (how likely it is to grow and spread). You might hear this called your Gleason grade, Gleason score or grade group.

Gleason grade

Prostate cells seen under the microscope have different patterns, depending on how quickly they're likely to grow. The pattern is given a grade from 1 to 5 – this is called the Gleason grade. If you have prostate cancer, you will have Gleason grades of 3, 4 or 5. The higher the grade, the more likely the cancer is to grow and spread.

Gleason score

There may be more than one grade of cancer in the biopsy samples. Your Gleason score is worked out by adding together two Gleason grades.

The first is the most common grade in all the samples. The second is the highest grade of what's left. When these two grades are added together, the total is called the Gleason score.

Gleason score = the most common grade + the highest other grade in the samples.

For example, if the biopsy samples show that:

- most of the cancer seen is grade 3, and
- the highest grade of any other cancer seen is grade 4, then
- the Gleason score will be 7 (3 + 4).

A Gleason score of 4 + 3 shows that the cancer is more aggressive than a score of 3 + 4, as there is more grade 4 cancer. If your Gleason score is made up of two of the same Gleason grades, such as 3 + 3, this means that no other Gleason grade was seen in the biopsy samples.

If you have prostate cancer, your Gleason score will be between 6 (3 + 3) and 10 (5 + 5).

Grade group

Your doctor might also talk about your 'grade group'. This is a newer system for showing how aggressive your prostate cancer is likely to be. Your grade group will be a number between 1 and 5.

What does the Gleason score or grade group mean?

The higher your Gleason score or grade group, the more aggressive the cancer, and the more likely it is to grow and spread.

- A Gleason score of 6, or grade group 1, suggests the cancer is likely to grow very slowly, if at all.
- A Gleason score of 7, or grade group 2 or 3, suggests the cancer may grow at a moderately quick rate.

- A Gleason score of 8, 9 or 10, or grade group 4 or 5, suggests the cancer may grow more quickly.

Staging

Your doctor will use your scan results to work out the stage of your cancer (how far it has spread). This is usually recorded using the TNM (Tumour-Nodes-Metastases) system.


- The **T stage** shows how far the cancer has spread in and around the prostate.
- The **N stage** shows if the cancer has spread to nearby lymph nodes.
- The **M stage** shows if the cancer has spread (metastasised) to other parts of the body.

You might not be told your N stage or M stage – your doctor may just tell you whether your cancer has spread to the lymph nodes or to other parts of your body.

T stage

The T stage shows how far the cancer has spread in and around the prostate. A DRE or MRI scan (see page 2) is usually used to find out the T stage, and sometimes a CT scan.

T1 and T2 prostate cancer

If your T stage is T1 or T2, this means your cancer hasn't spread outside the prostate (localised prostate cancer). Read more in our  fact sheet, **Localised prostate cancer**.

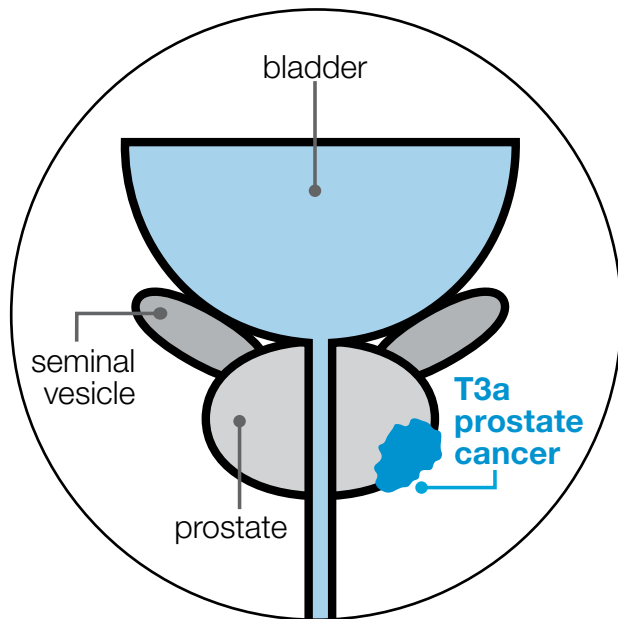
T3 and T4 prostate cancer

If your T stage is T3 or T4, this means your cancer has started to spread outside the prostate. If you've been diagnosed with locally advanced prostate cancer your T stage will be T3 or T4. The diagrams on the next page show stages T3 and T4.

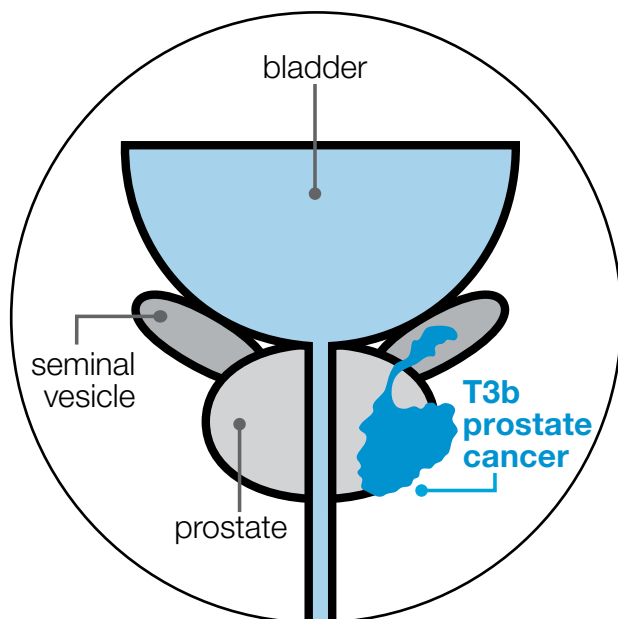
T3 prostate cancer

The cancer can be felt during a DRE or seen breaking through the capsule (outer layer) of the prostate. Depending on how far it has spread, it will be T3a or T3b.

- **T3a prostate cancer.** The cancer has broken through the capsule of the prostate, but has not spread to the seminal vesicles (see diagram below).

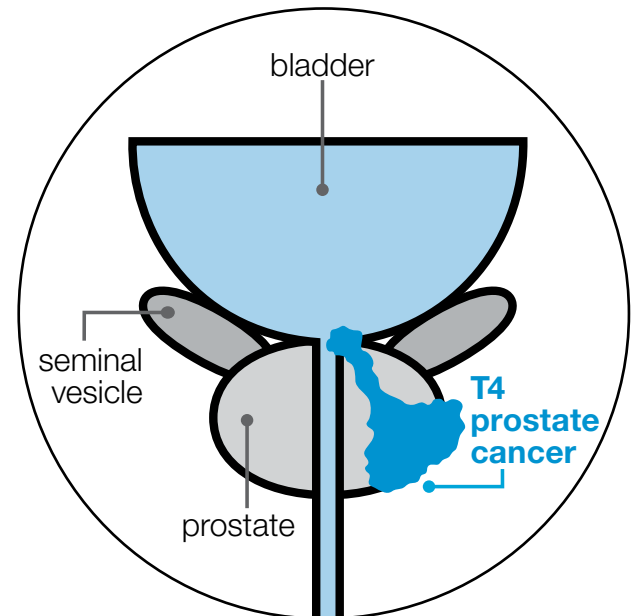


- **T3b prostate cancer.** The cancer has spread to the seminal vesicles (see diagram below).



T4 prostate cancer

The cancer has spread to nearby organs, such as the bladder, back passage or pelvic wall (see diagram below).



N stage

The N stage shows if the cancer has spread to the lymph nodes near the prostate. This is a common place for prostate cancer to spread to. An MRI or CT scan (see page 2) is used to find out your N stage.

The possible N stages are:

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

N0 No cancer can be seen in the lymph nodes.

N1 The lymph nodes contain cancer.

If your scans suggest that your cancer has spread to the lymph nodes (N1), you will be diagnosed with either locally advanced or advanced prostate cancer. This will depend on several things, such as which lymph nodes are affected and whether the cancer has spread to other parts of the body.


M stage

The M stage shows whether the cancer has spread (metastasised) to other parts of the body, such as the bones. A bone scan (see page 2) is usually used to find out your M stage.

The possible M stages are:

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

If you've been diagnosed with locally advanced prostate cancer, your M stage will be either MX or M0. If your M stage is M1, this means your cancer has spread to other parts of the body. You can read about this in our fact sheet,

 **Advanced prostate cancer.**

For example, if your cancer is described as T4, N1, M0, it is likely that your cancer:

- has spread to nearby organs
- has spread to nearby lymph nodes
- has not spread to other parts of your body.

This is locally advanced prostate cancer.

Ask your doctor or nurse to explain your test results if you don't understand them. You can also read more in our fact sheet, **How prostate cancer is diagnosed**, or speak to our Specialist Nurses.



What are my treatment options?

Treatments for locally advanced prostate cancer will aim to either get rid of the cancer, or to keep it under control, depending on how far the cancer has spread. They include:

- radiotherapy with hormone therapy
- hormone therapy alone
- surgery (radical prostatectomy), usually with radiotherapy or hormone therapy, and sometimes with both
- watchful waiting.

A small number of men may be offered high dose-rate brachytherapy (HDR) on its own, but this is very rare.

Some men may be offered high-intensity focused ultrasound (HIFU) or cryotherapy but this will usually be as part of a clinical trial.

We've included information about the main treatments for locally advanced prostate cancer below. There is more information on each treatment in our other fact sheets. Some treatments might not be suitable for you, so ask your doctor or nurse about which ones you can have.

Radiotherapy with hormone therapy

External beam radiotherapy uses high-energy X-ray beams to destroy cancer cells from outside the body. External beam radiotherapy with hormone therapy (see page 6) is the most common treatment for locally advanced prostate cancer. It aims to get rid of the cancer.

Whether you're offered radiotherapy will depend on how far your cancer has spread and if you have other health problems. It can be used to treat cancer in the prostate, seminal vesicles and pelvic lymph nodes.

You'll be offered hormone therapy with your radiotherapy to help shrink the prostate and the cancer and make the treatment more effective. You may be offered hormone therapy for up to six months before the radiotherapy. You may also have hormone therapy during your radiotherapy, and for up to three years afterwards.

Read more about external beam radiotherapy and hormone therapy, including the possible side effects, in our fact sheets, **External beam radiotherapy** and **Hormone therapy**.



Brachytherapy

You might be offered a type of internal radiotherapy called brachytherapy at the same time as external beam radiotherapy. The brachytherapy gives an extra dose of radiation to the prostate. You might hear this called a brachytherapy 'boost'. There are two types of brachytherapy:


- **HDR brachytherapy**, sometimes called temporary brachytherapy, involves putting thin, hollow needles into the prostate. A source of radiation is then passed down the

needles into the prostate for a few minutes to destroy cancer cells. The source of radiation is then removed, so no radiation is left inside your body. Most men who have brachytherapy with external beam radiotherapy will have HDR brachytherapy.

- **Permanent seed brachytherapy**, also called low dose-rate brachytherapy, involves putting tiny radioactive seeds into the prostate. It is very unusual for men with locally advanced prostate cancer to have permanent seed brachytherapy.

Brachytherapy isn't available in all hospitals. If your hospital doesn't offer it, your doctor may be able to refer you to one that does.

Read more about brachytherapy, including the possible side effects, in our fact sheets,

 **High dose-rate brachytherapy** and **Permanent seed brachytherapy**.



Hormone therapy

This is usually used alongside radiotherapy for locally advanced prostate cancer. But some men might have hormone therapy on its own if radiotherapy or surgery isn't suitable for them. Hormone therapy on its own won't cure your cancer, but it aims to keep it under control and manage any symptoms.

Prostate cancer cells usually need the hormone testosterone to grow. Hormone therapy works by either stopping your body from making testosterone, or by stopping testosterone from reaching the cancer cells. This helps to shrink the prostate and any cancer that has spread.

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

- injections or implants
- tablets
- surgery (orchidectomy) to remove the testicles, which make testosterone.


 Read more about hormone therapy in our fact sheet, **Hormone therapy**. Read about side effects and how to manage them in our booklet,  **Living with hormone therapy: A guide for men with prostate cancer**.

Surgery (radical prostatectomy)

This is an operation to remove the prostate, including the cancer inside it and in the area just outside it. Your surgeon will also take out the seminal vesicles. They may also remove the nearby lymph nodes if there is a risk that the cancer has spread there. You will usually be offered hormone therapy or radiotherapy straight after your surgery, or sometimes all three treatments together.

Surgery will only be an option for some men with locally advanced prostate cancer. This will depend on how far the cancer has spread outside the prostate, and on whether you are fit and healthy enough to have an operation. If your cancer has spread so that it isn't possible to remove all of it with surgery, other treatments will be more suitable.

Read more about surgery, including the possible side effects, in our fact sheet,

 **Surgery: radical prostatectomy**.

Watchful waiting

This is a way of monitoring prostate cancer that isn't causing any symptoms or problems. The aim is to keep an eye on the cancer and avoid treatment and its side effects. If you do get symptoms, you'll be offered hormone therapy to control the cancer and help manage your symptoms.

Watchful waiting isn't usually recommended for men with locally advanced prostate cancer. But it may be an option for men with other health problems who aren't fit enough for treatments such as radiotherapy or surgery. If you'd prefer not to have treatment, speak to your doctor. They can help you think about the advantages and disadvantages of watchful waiting.

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

Your multi-disciplinary team (MDT)

This is the team of health professionals involved in your care. It is likely to include:

- a specialist nurse (they may have another name, such as a clinical nurse specialist, CNS or urology nurse specialist)
- a urologist (a surgeon who specialises in diseases of the urinary and reproductive systems, including prostate cancer)
- an oncologist (a doctor who specialises in cancer treatments other than surgery)
- a radiologist (a doctor who specialises in looking at X-rays and scans of the body)
- a radiographer (a person who takes X-rays and scans of the body, or who plans and gives radiotherapy)
- a pathologist (a person who looks at cells to diagnose diseases)
- other health professionals, such as a dietitian or physiotherapist.

Your MDT will meet to discuss your diagnosis and which treatments might be suitable for you. You might not meet them all straight away.

Your main point of contact might be called your key worker. They will co-ordinate your care, help you understand your diagnosis and treatment, and help you get appointments, information and support.

There's space to write down the names and contact details of all the people involved in your care in our booklet, **Prostate cancer: A guide for men who've just been diagnosed**.



Clinical trials

A clinical trial is a type of medical research that aims to find ways of preventing, diagnosing, treating and managing illnesses. You can ask your doctor or nurse if there are any clinical trials you could take part in, or speak to our Specialist Nurses. You can also find details of some clinical trials for prostate cancer at www.cancerresearchuk.org/trials



Read more in our fact sheet, **A guide to prostate cancer clinical trials**.

Chemotherapy

Chemotherapy uses anti-cancer drugs to kill prostate cancer cells. It doesn't get rid of prostate cancer, but it aims to shrink it and slow down its growth. Chemotherapy isn't usually offered to men with locally advanced prostate cancer. But it might be used together with external beam radiotherapy and hormone therapy. Whether you are offered chemotherapy will depend on a number of things including how aggressive your cancer is, whether the cancer has spread to your lymph nodes, and whether you are well enough to handle the side effects of the treatment. Read more in our fact sheet, **Chemotherapy**.



No one can make the treatment decision for you and this is the tricky bit, but you will find a treatment that seems best for you. Do not rush, there is a lot to take in.

A personal experience

Choosing a treatment

Your doctor or nurse will talk you through your treatment options and help you choose the right treatment for you. You might not be able to have all of the treatments listed in this fact sheet.

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

- how far the cancer has spread (its stage) and how quickly it may be growing
- your general health
- what each treatment involves
- the possible side effects of each treatment
- practical things, such as how often you would need to go to hospital
- your own thoughts about different treatments.

Each treatment has its own advantages and disadvantages. All treatments can have side effects, such as urinary and bowel problems. The type of side effects you get will depend on the treatment you choose, and on the experience and skill of the person treating you. So ask your surgeon, oncologist or radiographer about the results of the treatments they have done and the rates of side effects. You might not get all of the side effects, but it's important to think about how you would cope with them when choosing a treatment.

Make sure you have all the information you need, and give yourself time to think about what is right for you. Your doctor or nurse can help you think about the advantages and disadvantages.

It can be hard to take everything in when you've just been diagnosed. And you may forget exactly what was said. It can help to write down any questions you want to ask at your next appointment. It can be a good idea to take someone with you to appointments, such as your partner, friend or family member.

It can also help to write down or record what's said to help you remember it once you're home. You have the right to record your appointment because it's your personal data. Let your doctor or nurse know why you are doing this, as not everyone is comfortable being recorded.

You can ask your doctor to send you copies of all the letters that the hospital sends to the GP, so that you have all the details of your cancer and treatments. This can help you discuss any problems or questions with your doctor or nurse. If you have any questions, speak



to our Specialist Nurses.

What will happen after my treatment?

You will have regular check-ups during and after your treatment to check how well it is working. You'll have regular PSA blood tests. If your PSA level goes down this usually suggests your treatment is working.

Tell your doctor or nurse about any side effects you're getting. There are usually ways to manage side effects. Make sure you have the details of someone to contact if you have any questions or concerns between check-ups. This might be your specialist nurse or key worker. You can also speak to our Specialist Nurses.



If you're having treatment that aims to get rid of your cancer, you can read more about care and support after treatment in our booklet, **Follow-up after prostate cancer treatment: What happens next?** The booklet also has space to record details about your appointments and who to contact if you have any concerns between appointments.



What is my outlook?

You may want to know how successful your treatment is likely to be. This is sometimes called your outlook or prognosis. No one can tell you exactly what will happen, as this will depend on many things, such as the stage of your cancer and how quickly it might grow, your age, and any other health problems you might have.

Many men with locally advanced prostate cancer have treatment that aims to get rid of their cancer. Some men will live for many years without their cancer coming back or causing problems. For others the cancer may come back. If this happens, you might need further treatment.

Some men will have treatment that aims to help keep their cancer under control rather than get rid of it completely. There are other treatments available if this first treatment stops working so well.

For more information about the outlook for men with prostate cancer, visit **www.cancerresearchuk.org**. The figures they provide are a general guide and they cannot tell you exactly what will happen to you. Speak to your doctor or nurse about your own situation.

Dealing with prostate cancer

Having prostate cancer can change the way you feel about life. You might feel scared, stressed or even angry. There's no 'right' way to feel and everyone reacts differently. There are things you can do to help yourself and people who can help. Your loved ones may also need support – this section might be helpful for them too.

How can I help myself?

- **Look into your treatment options.** Ask your nurse or doctor about any side effects so you know what to expect and how to manage them.
- **Talk to someone.** It could be someone close or someone trained to listen, like a counsellor or your doctor or nurse.
- **Set yourself some goals and things to look forward to.** Even if they're just for the next few weeks or months.
- **Look after yourself.** Learn some techniques to relax and manage stress, like breathing exercises or listening to music.
- **Eat a healthy, balanced diet.** It's good for your general health and can help you stay a healthy weight, which may be important for men with prostate cancer. Read our fact sheet, **Diet and physical activity for men with prostate cancer.**
- **Be as active as you can.** Take things at your own pace and don't overdo it. Our fact sheet (see above) has lots of ideas to help you get active.
- **Check out our online 'How to manage' guides.** Our interactive guides have lots of practical tips to help you manage symptoms and side effects. We have guides on fatigue, sex and relationships, urinary problems, and advanced prostate cancer. Visit prostatecanceruk.org/guides



For more ideas, visit our website at prostatecanceruk.org/living or read our booklet, **Living with and after prostate cancer: A guide to physical, emotional and practical issues.** You could also contact Macmillan Cancer Support, Maggie's Centres, Penny Brohn UK or your nearest cancer support centre.

Who else can help?

Your medical team

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

Trained counsellors

Many hospitals have counsellors or psychologists who specialise in helping people with cancer – ask your doctor or nurse at the hospital. Your GP may also be able to refer you to a counsellor, or you could see a private one.

Local support groups

At local support groups, men get together to share their experiences of living with prostate cancer. Some groups have been set up by local health professionals, others by men themselves.

Prostate Cancer UK services

We have a range of services to help you deal with problems caused by prostate cancer or its treatments:



- **our Specialist Nurses**, who can answer your questions in confidence
- **our one-to-one support service**, where you can speak to someone who understands what you're going through
- **our online community**, a free forum to ask questions or share experiences
- **our fatigue support service**, delivered over the phone by our Specialist Nurses.



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

Questions to ask your doctor or nurse



You may find it helpful to keep a note of any questions you have to take to your next appointment.

What is my Gleason score?

How far has my cancer spread?

What treatments are suitable for me? Can I join any clinical trials?

Is the aim to keep my cancer under control, or to get rid of it completely?

What are the advantages and disadvantages of each treatment, including their possible side effects?

Can I see the results of treatments you've carried out?

Can I get copies of all my test results and letters about my treatment?

How quickly do I need to make a decision?

After treatment, how often will I have check-ups and what will this involve?

If I have any questions or get any new symptoms, who should I contact?

More information

British Association for Counselling & Psychotherapy

www.bacp.co.uk

Telephone: 01455 883 300

Information about counselling and details of therapists in your area.

Cancer Research UK

www.cancerresearchuk.org

Telephone: 0808 800 4040

Information about cancer and clinical trials.

Macmillan Cancer Support

www.macmillan.org.uk

Telephone: 0808 808 0000

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

Maggie's Centres

www.maggiescentres.org

Telephone: 0300 123 1801

Drop-in centres for cancer information and support, and an online support group.

Penny Brohn UK

www.pennybrohn.org.uk

Telephone: 0303 3000 118

Runs courses and offers physical, emotional and spiritual support for people with cancer and those close to them.

About us

Prostate Cancer UK has a simple ambition: to stop men dying from prostate cancer – by driving improvements in prevention, diagnosis, treatment and support.



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

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

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

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

This publication was written and edited by our Health Information team.

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- Our Specialist Nurses
- Our Volunteers.

Tell us what you think

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

yourfeedback@prostatecanceruk.org



Speak to our Specialist Nurses

0800 074 8383*

prostatecanceruk.org

Donate today – help others like you

Did you find this information useful? Would you like to help others in your situation access the facts they need? Every year, over 47,000 men face a prostate cancer diagnosis. Thanks to our generous supporters, we offer information free to all who need it. If you would like to help us continue this service, please consider making a donation. Your gift could fund the following services:

- £10 could buy a Tool Kit – a set of fact sheets, tailored to the needs of each man with vital information on diagnosis, treatment and lifestyle.
- £25 could give a man diagnosed with a prostate problem unlimited time to talk over treatment options with one of our Specialist Nurses.

To make a donation of any amount, please call us on **0800 082 1616**, visit prostatecanceruk.org/donate or text **PROSTATE** to **70004**[†].

There are many other ways to support us. For more details please visit prostatecanceruk.org/get-involved

[†]You can donate up to £10 via SMS and we will receive 100% of your donation. Texts are charged at your standard rate. For full terms and conditions and more information, please visit prostatecanceruk.org/terms



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Call our Specialist Nurses from Monday to Friday 9am - 6pm, Wednesday 10am - 8pm

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

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