

# 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 out of 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 (muscles and connective tissue in the area between the hips).





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) blood 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.

### 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. In many hospitals, you may have a special type of MRI scan, called a multiparametric MRI (mpMRI). You may have had an MRI scan to help your medical team decide whether you needed a biopsy (see below), 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 has spread outside the prostate, for example to the lymph nodes or nearby bones.

### PET scan

Some hospitals may offer you a PET (positron emission tomography) scan. There are two main types – choline PET and PSMA PET. A PET scan can be used to check if cancer has spread to the bone, lymph nodes and other tissues. But it’s normally used to see if your cancer has come back after treatment, rather than when you are first diagnosed.

### Bone scan

This can show if any cancer cells 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 discuss what treatments might be suitable for you. There’s space to write down your test results in our booklet, **Prostate cancer: A guide if you’ve just been diagnosed.**



### PSA blood test results

It’s normal to have a small amount of PSA in your blood, and 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 (in other words, 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 overall Gleason score is worked out by adding together two Gleason grades.

The first is the most common grade in all the samples. The second is the highest grade of what's left. When 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 whether the cancer has spread to nearby lymph nodes.
- The **M stage** shows whether the cancer has spread (metastasised) to other parts of the body.

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

### T stage

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

### 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**.



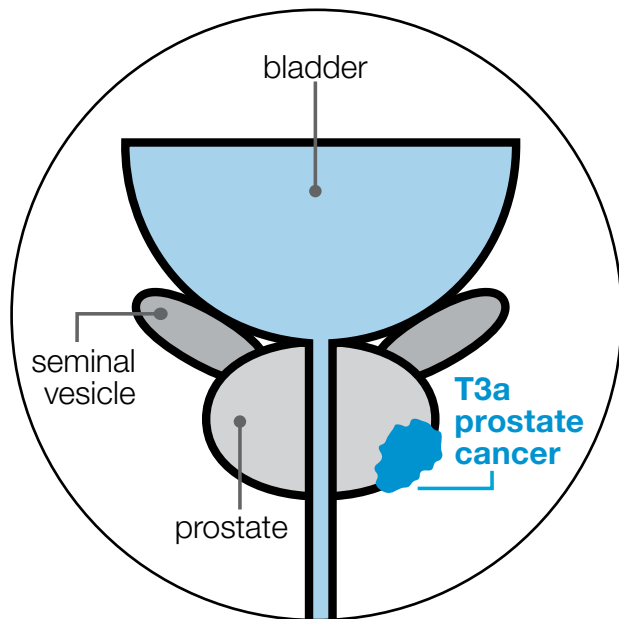
### T3 and T4 prostate cancer

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.

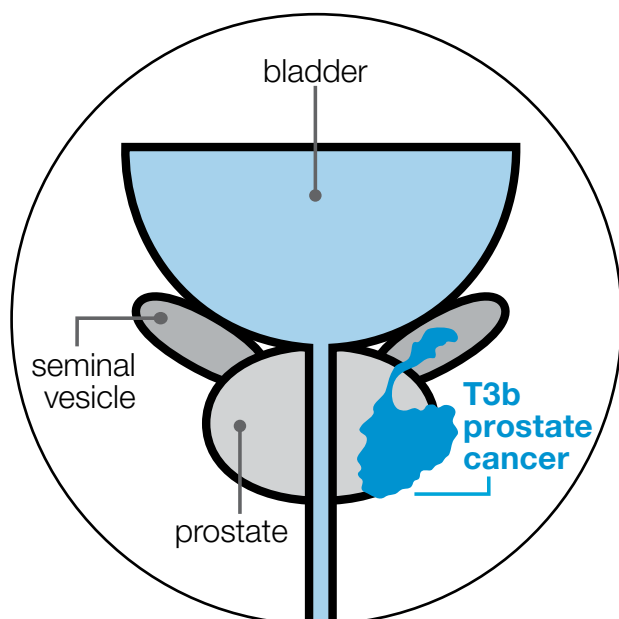
### T3 prostate cancer

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).

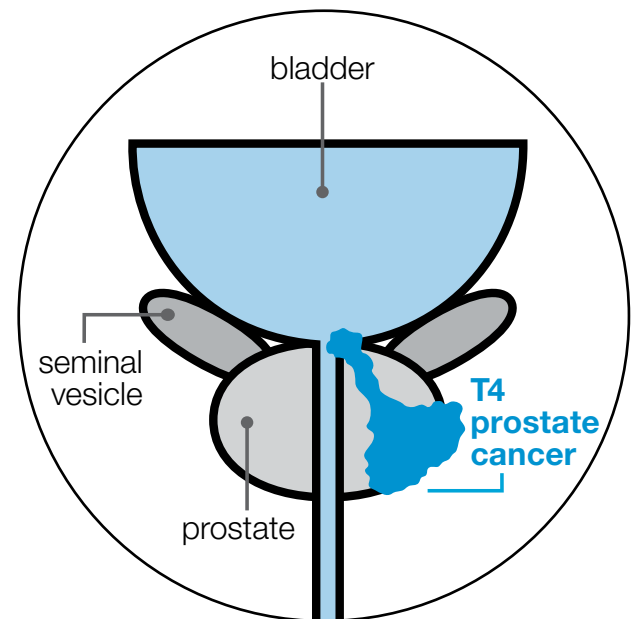


- **T3b prostate cancer.** The cancer has spread to the seminal vesicles (see diagram below).



### 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 whether 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) can be 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 if the cancer has spread (metastasised) to other parts of the body, such as the bones or lymph nodes outside of the pelvis. 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.



## Cambridge Prognostic Group (CPG)

Your doctor may talk to you about the risk of your cancer spreading. To work out your risk, your doctor will look at your PSA level, your Gleason score (or grade group) and the T stage of your cancer. These three factors will place you in one of five categories that form the Cambridge Prognostic Group (CPG).

This system is used to help your doctor decide which treatment options are available to you, based on your risk.

The five CPG categories are described below. If you have any questions about your CPG, speak to your doctor or specialist nurse.

### CPG 1

- Gleason score 6 (grade group 1), **and**
- PSA less than 10 ng/ml, **and**
- T stage of 1 or 2.

This means your cancer is likely to grow very slowly and very unlikely to spread. Your treatment options may include active surveillance, surgery or radiotherapy.

### CPG 2

You will be in this group if you have a T stage of 1 or 2 and **one** of the following:

- Gleason score is 3 + 4 = 7 (grade group 2), **or**
- PSA 10 to 20 ng/ml.

This means your cancer is likely to grow slowly and unlikely to spread. Your treatment options may include active surveillance, surgery or radiotherapy with hormone therapy.

### CPG 3

- Gleason score 3 + 4 = 7 (grade group 2), **and**
- PSA 10 to 20 ng/ml, **and**
- T stage of 1 or 2.

You will also be in this group if you have:

- Gleason 4 + 3 = 7 (grade group 3), **and**
- T stage of 1 or 2.

This means there is a medium (intermediate) risk of your cancer growing and spreading out of your prostate. Your treatment options may include surgery or radiotherapy with hormone therapy. You may also have active surveillance if you don't want treatment straight away or can't have treatment.

## CPG 4

You will be in this group if you have only **one** of the following:

- Gleason score 8 (grade group 4), **or**
- PSA more than 20 ng/ml, **or**
- T stage 3.

This means that there is a high risk of your cancer growing quickly and spreading. Treatment options may include surgery or radiotherapy with hormone therapy.

## CPG 5

You will be in this group if you have **two or more** of the following:

- Gleason score 8 (grade group 4), **and**
- PSA more than 20 ng/ml, **and**
- T stage 3.

You will also be in this group if you have **one** of the following:

- Gleason score 9 to 10, **or**
- T stage 4.

This means that there is a high risk of your cancer growing quickly and it's very likely to spread. Treatment options may include surgery or radiotherapy with hormone therapy.

**If you have been diagnosed with locally advanced prostate cancer, you will be CPG 4 or CPG 5.**

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## 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. These may include:

- external beam radiotherapy with hormone therapy (and sometimes with a type of radiotherapy called brachytherapy)
- hormone therapy alone, or sometimes with docetaxel chemotherapy
- surgery (radical prostatectomy)
- watchful waiting.

Some men may be offered high-intensity focused ultrasound (HIFU) or cryotherapy. This isn't common and usually offered as part of a clinical trial. Read more about HIFU, including the possible side effects,



in our fact sheet, **High-intensity focused ultrasound (HIFU)**. You can also read more about cryotherapy on our website. Visit, **prostatecanceruk.org/cryotherapy**

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

### External beam 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 7) aims to get rid of the cancer.

Whether or not you're offered radiotherapy will depend on how far your cancer has spread and if you have any other health problems. It can be used to treat cancer in the prostate, seminal vesicles and pelvic lymph nodes.

You will be offered hormone therapy with your radiotherapy. This can 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 continue to have hormone therapy during your radiotherapy, and for up to three years after it's finished.

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:

- **High dose-rate (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.
- **Permanent seed brachytherapy**, also called low dose-rate brachytherapy, involves putting tiny radioactive seeds into the prostate.

You may also have hormone therapy for several months before starting brachytherapy. This can help to shrink the prostate and the cancer, making it easier to treat. Some men also have hormone therapy for up to three years after 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 male 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 can help 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.

You may also be offered docetaxel chemotherapy at the same time as your hormone therapy. This is because there is evidence that having docetaxel at the same time as hormone therapy helps slow down the growth of prostate cancer.



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**.



## New (second-generation) hormone therapy

There are newer types of hormone therapy that can be used to treat some men with locally advanced prostate cancer. You may hear them called new or second-generation hormone therapy. They may be used in combination with your first-line hormone therapy treatment, or when your prostate cancer has stopped responding to other types of hormone therapy. Examples of second-generation hormone therapy include abiraterone (Zytiga®), apalutamide (Erleada®) and darolutamide (Nubeqa®).

Read more about new (second generation) hormone therapy in our fact sheet,



**Hormone therapy**.

## 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.

Some people with locally advanced prostate cancer may have radiotherapy or hormone therapy straight after their surgery, but only as part of a clinical trial.

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 with PSA tests 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.**

## Chemotherapy

Chemotherapy uses anti-cancer (cytotoxic) 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 if you have hormone therapy alone, or 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.

## Clinical trials

A clinical trial is a type of medical research. Clinical trials aim to find new and improved 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](http://www.cancerresearchuk.org/trials)

Read more on our website. Visit, [prostatecanceruk.org/clinical-trials](http://prostatecanceruk.org/clinical-trials)



**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*



### Your multi-disciplinary team (MDT)

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

- **a specialist nurse** (also called 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 plans and gives radiotherapy)
- **a pathologist** (a person who looks at cells to diagnose diseases)
- **other health professionals**, such as a cancer support worker, 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 if you've just been diagnosed**.



## Choosing a treatment

Depending on how far your cancer has spread, you may have a choice of treatments. If so, 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 – for example, if you have any other health problems
- your Cambridge Prognostic Group (CPG) score
- what each treatment involves
- the possible side effects of each treatment
- practical things, such as how often you would need to go to hospital, or how far away your nearest hospital is
- your own thoughts about different treatments
- how the treatment you choose now could affect your treatment options in the future, if your cancer comes back or spreads.

Each treatment has its own advantages and disadvantages. All treatments can have side effects, such as urinary problems, bowel problems, problems getting or keeping an erection, and fatigue. 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. For example, research suggests that surgeons who do a lot of radical prostatectomies each year get better results with fewer side effects. So ask your surgeon, oncologist or radiographer about the results of the treatments they have done and the rates of side effects.


Treatments will affect each man differently. You might not get all of the possible 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 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 could use your phone or another recording device to do this. Talk to your doctor or nurse first to make sure they are happy with you recording the appointment, as not everyone is comfortable being recorded. Some hospitals prefer to be told a few days before your appointment so that they can arrange their own recording of your appointment.


You may want to 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.


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## 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 tests – ask the people treating you how often you'll have these. 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.

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## What is my outlook?

Many men will want to know how successful their 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.

Many men with locally advanced prostate cancer have treatment that aims to get rid of their cancer. For some men, this treatment can be very successful and they may live for many years without their cancer coming back or causing them any problems. For others, treatment may be less successful and the cancer may come back. If this happens, you might need further treatment.

Some men with locally advanced prostate cancer will have treatment that aims to help keep their cancer under control rather than get rid of it completely. For example, if you have hormone therapy on its own, it can help to keep the cancer under control. And there are other treatments available if your hormone therapy stops working so well.

For more information about the outlook for men with prostate cancer, visit [www.cancerresearchuk.org](http://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

Being diagnosed with prostate cancer can change the way you think and feel about life. It's normal to feel scared, worried, stressed, helpless or even angry. Lots of men with prostate cancer get these kinds of thoughts and feelings. But there's no 'right' way to feel and everyone reacts in their own way.

Finding out about things you can do to help yourself can help you to feel more in control. Families can also find this a difficult time and they may need support and information too.



They may want to read our booklet, **When you're close to someone with prostate cancer: A guide for partners and family**.

### 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.** Share what you're thinking – find someone you can talk to. It could be someone close or someone trained to listen, like a counsellor or your doctor or nurse.
- **Set yourself goals and things to look forward to.** Even if they're just for the next few weeks or months.
- **Look after yourself.** Take time out to look after yourself. When you feel up to it, learn some techniques to manage stress and to relax – like breathing exercises or listening to music. If you're having difficulty sleeping, talk to your doctor or nurse.
- **Eat healthily.** It's good for your general health and can help you stay a healthy weight, which may be important for men with prostate cancer. Certain changes to your diet may also help with some side effects of treatment.



Read our fact sheet, **Diet and physical activity for men with prostate cancer**.

- **Be as active as you can.** Keeping active can improve your physical strength and fitness, and can lift your mood. It can also help with some side effects of treatment. Take things at your own pace and don't overdo it. Read more in our fact sheet, **Diet and physical activity for men with prostate cancer**.



Visit [prostatecanceruk.org/living](http://prostatecanceruk.org/living) for more ideas, 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, Penny Brohn UK or your nearest cancer support centre.

### Who else can help?

#### Your medical team

You might find it 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

Counsellors are trained to listen and can help you find your own ways to deal with things. Many hospitals have counsellors or psychologists who specialise in helping people with cancer – ask your doctor or nurse if this is available. You can also refer yourself for counselling on the NHS website, or you could see a private counsellor. To find out more, visit [www.nhs.uk/counselling](http://www.nhs.uk/counselling) or contact the British Association for Counselling & Psychotherapy.

#### Support groups

People affected by prostate cancer get together to share their experiences of living with it. Some groups also hold meetings online. You can ask questions, share worries and know that someone understands what you're going through. Some groups have been set up by health professionals, others by men themselves. Many also welcome partners, friends and relatives.

## Prostate Cancer UK services

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

- **our Specialist Nurses**, who can help with questions or worries 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 place to ask questions or share experiences
- **our sexual support service**, speak to one of our trained specialist nurses about sexual problems after treatment for prostate cancer
- **our fatigue support**, speak to our Specialist Nurses about ways to help manage your fatigue.

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



**My lifeline has been the Prostate Cancer UK website and community. Very helpful kind people who can help you real-time, Specialist Nurses who are sensational, and all the publications and info one could ever need.**

A personal experience

# 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 was my PSA level?

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What is my Gleason score and grade group?

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What is my Cambridge Prognostic Group (CPG)?

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How far has my cancer spread?

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What treatments are suitable for me? What do they involve?

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

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How effective is my treatment likely to be? 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?

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

Are all of the treatments available at my local hospital? If not, how could I have them?

Can I join any clinical trials?

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](http://www.bacp.co.uk)

Telephone: 01455 883 300

Information about counselling and details of therapists in your area.

### Cancer Research UK

[www.cancerresearchuk.org](http://www.cancerresearchuk.org)

Telephone: 0808 800 4040

Information about prostate cancer and clinical trials.

### Healthtalk.org

[www.healthtalk.org](http://www.healthtalk.org)

Watch, listen to or read personal experiences of men with prostate cancer and other health problems.

### Macmillan Cancer Support

[www.macmillan.org.uk](http://www.macmillan.org.uk)

Telephone: 0808 808 0000

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

### Maggie's

[www.maggies.org](http://www.maggies.org)

Telephone: 0300 123 1801

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

### Penny Brohn UK

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

Telephone: 0303 3000 118

Courses and physical, emotional and spiritual support for people with cancer and their loved ones.

#### Tell us what you think

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

[yourfeedback@prostatecanceruk.org](mailto:yourfeedback@prostatecanceruk.org)

## 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.

Download and order our fact sheets and booklets from our website at [prostatecanceruk.org/publications](http://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 to produce this fact sheet are available at [prostatecanceruk.org](http://prostatecanceruk.org)

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- Vineetha Thankappan Nair, Macmillan Lead CNS, Cambridge University Hospital NHS Trust
- Our Specialist Nurses
- Our volunteers.



## Speak to our Specialist Nurses

0800 074 8383\*

[prostatecanceruk.org](http://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 52,000 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](http://prostatecanceruk.org/donate) or text **PROSTATE** to **70004**<sup>†</sup>.

There are many other ways to support us. For more details please visit [prostatecanceruk.org/get-involved](http://prostatecanceruk.org/get-involved)

<sup>†</sup>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](http://prostatecanceruk.org/terms)



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To be reviewed November 2026

**Call our Specialist Nurses from Monday to Friday 9am - 5pm, Wednesday 10am - 5pm**

\* Calls are recorded for training purposes only.

Confidentiality is maintained between callers and Prostate Cancer UK.

Prostate Cancer UK is a registered charity in England and Wales (1005541) and in Scotland (SC039332). Registered company number 02653887.

