

Prostate cancer

This information is about how prostate cancer is diagnosed and treated.

Any words that are underlined are explained in the word list at the end.

If you have any questions about this information, ask your doctor or nurse at the hospital where you are having treatment.

You can also call Macmillan Cancer Support on freephone **0808 808 00 00**, 7 days a week, 8am to 8pm. We have interpreters, so you can speak to us in your own language. When you call us, please tell us in English which language you need.

There is more cancer information in your language at **[macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)**

This information is about:

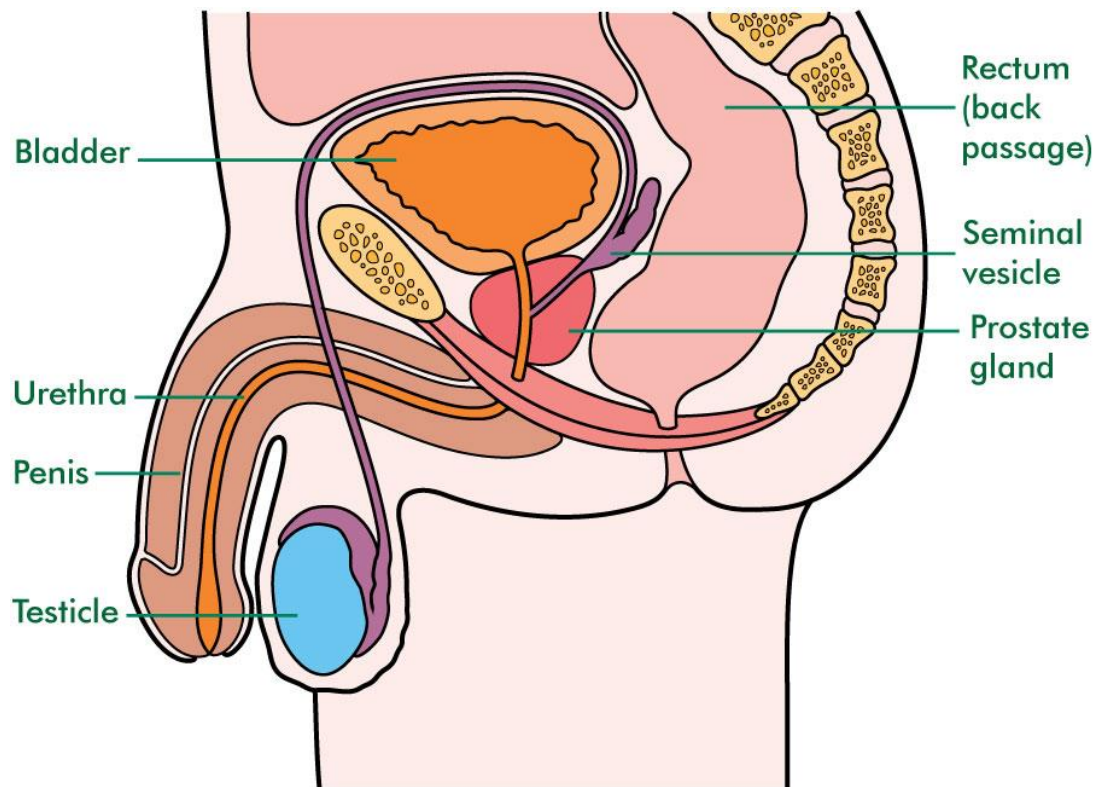
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The prostate

The prostate is a small gland about the size of a walnut. It gets bigger with age.

The prostate surrounds the first part of the tube (urethra) that carries urine from the bladder to the penis.

Illustration of male reproductive organs



The prostate makes a white fluid that mixes with sperm from the testicles to make semen. Semen contains sperm cells.

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

The prostate also makes a protein called prostate-specific antigen (PSA). This helps to make semen more liquid.

PSA can be measured in a blood test. When it is used with other tests the PSA test can help doctors to diagnose prostate cancer.

If you are a transgender woman

People who have a prostate include men, transgender (trans) women and people assigned male at birth.

If you are a trans woman and have had genital gender affirming surgery as part

of your transition, you will still have a prostate.

It is important to talk to your GP or nurse if you are worried about prostate cancer or have symptoms.

Prostate cancer

All parts of the body are made up of tiny cells. Prostate cancer happens when the cells in the prostate grow in an uncontrolled way. They eventually form a lump called a tumour.

Some prostate cancers grow slowly but other prostate cancers grow faster.

Sometimes prostate cancer cells spread outside the prostate to other parts of the body.

Prostate cancer is not infectious and cannot be passed on to other people.

Who gets prostate cancer

The risk of prostate cancer increases as you get older. It is more common in men over 65. It is much less common in men under 50.

We do not know what causes it. But certain risk factors may increase the chances of getting it. Black men have a much higher risk of developing prostate cancer and usually get it at a younger age.

Stages and grades of prostate cancer

- The stage of a cancer means how big it is and if it has spread.
- The grade of a cancer is how quickly the cancer may grow.

Prostate cancer is often divided into these stages:

- early (localised) prostate cancer – the cancer cells are only inside the prostate
- locally advanced prostate cancer – the cancer has spread into the tissues around the prostate
- advanced (metastatic) prostate cancer – the cancer has spread to another part of the body, usually to the bones.

How treatment is planned

Your healthcare team will meet to plan the best treatment for you. Your doctor or nurse will talk to you about this plan. Your treatment will depend on factors, such as:

- the stage and grade of the cancer
- your age and general health
- the benefits of treatment and possible side effects
- what you think about the available treatments.

Talking to your healthcare team

It is important to talk about the treatments you could have with your cancer doctor or nurse. You may also want to talk to a relative or a friend. Sometimes two treatments may work equally well in treating the cancer. You may be asked to decide on the best treatment for you. You will need to think about different things, such as side effects, before you decide. Your doctor or nurse can help you with this.

After talking with you, your doctor will ask you to sign a form to show that you understand and agree to the treatment. This is called a consent form. You will not have any treatment unless you have agreed to it.

It is a good idea to take someone with you who can speak both your language and English. Your hospital can arrange an interpreter for you. If you need an interpreter, it is important to tell your nurse before your appointment.

Questions to ask about your treatment

- What does my diagnosis mean?
- What is the stage and grade of the cancer?
- What treatments are available?
- What are the benefits, risks and side effects of each treatment?
- How will the treatment affect my daily life?
- Who can I talk to about how I am feeling?

Treatments for prostate cancer

Early prostate cancer	Locally advanced prostate cancer	Advanced prostate cancer
Active surveillance	<u>Radiotherapy</u> to the prostate	<u>Hormonal therapy</u>
An operation (surgery) to remove the prostate (prostatectomy)	Hormonal therapy	<u>Chemotherapy</u>
Radiotherapy to the prostate	Watchful waiting	Radiotherapy to improve symptoms, such as pain
Watchful waiting	Occasionally, an operation (surgery) to remove the prostate (prostatectomy)	Symptom control
Hormonal therapy	Occasionally, chemotherapy	

Active surveillance

Active surveillance means you can avoid or delay treatment and its side effects. You will only have treatment if the cancer is growing. Active surveillance is only suitable if you have early prostate cancer that is growing slowly.

Your doctors will see you regularly. They check your PSA (prostate specific antigen) and monitor you with tests and scans to check the cancer is not growing. This may include MRI scans and possibly having a biopsy.

If the cancer starts to grow more quickly, your doctors will recommend surgery or radiotherapy to try to cure the cancer.

Watchful waiting

Sometimes, you may decide with your specialists to wait before starting treatment. This is called watchful waiting. You may have this because you are not well enough to have radiotherapy or surgery. Or it may be because you have chosen not to have radiotherapy or surgery.

You see your doctor, usually your GP, regularly.

If there is no sign the cancer is growing more quickly, it is safe to continue with watchful waiting. If you develop symptoms your doctor will usually talk to you about having hormonal therapy.

Surgery

Surgery to remove the whole of the prostate is called a prostatectomy. There are different ways this can be done. This operation aims to get rid of all of the cancer cells. It is usually only done when the cancer has not spread outside the prostate gland. Your doctor will discuss the operation they think is best for you and its possible side effects. Prostate surgery is done in specialist centres so you may have to travel to the hospital.

Laparoscopic prostatectomy (keyhole surgery)

In this type of operation your surgeon makes four or five small cuts (about 1 cm each) in your tummy area (abdomen). They remove the prostate using special instruments that are put through these small cuts.

Robotic-assisted laparoscopic prostatectomy

This is when the surgeon controls a machine with robotic arms. It can move very precisely.

Open prostatectomy

The surgeon makes a cut in the tummy area (abdomen). The whole prostate is removed through the cut. Sometimes they remove the prostate through a cut in the area between the scrotum and the back passage.

Side effects

The main possible side effects are

- problems with urine leaking (urinary incontinence)
- problems getting or keeping erections (erectile dysfunction).

After the operation you will no longer be able to have children. If you want children, it may be possible to store sperm before your operation.

Cryotherapy and high-intensity focused ultrasound (HIFU)

Some early prostate cancers may be treated with cryotherapy or HIFU treatment. They can treat different areas of cancer in the prostate or only a small area.

Cryotherapy uses a cold gas to freeze and destroy cancer cells. The gas is passed through thin needles that are passed through the area behind your scrotum.

HIFU uses heat to destroy cancer cells. The doctor passes a probe into your back passage (rectum). The probe produces a high energy beam of ultrasound which delivers heat to affected area.

Radiotherapy

Radiotherapy uses high-energy x-rays to destroy cancer cells. There are different ways of having radiotherapy. It is often given from outside the body by a machine (external radiotherapy). You usually have radiotherapy as an outpatient. This means you come to hospital for treatment and then go home again that day. Sometimes radiotherapy that is given from inside the body (internal radiotherapy) can be used to treat early or

locally advanced prostate cancer. Doctors call this **brachytherapy**. There are 2 ways of giving it:

- small radioactive seeds are placed in the prostate and stay there permanently
- thin tubes placed in the prostate are attached to a machine that sends radioactive material into the tubes for a set time.

Radiotherapy may be used to treat symptoms of advanced prostate cancer, such as pain in the bones.

Side effects

- The skin in the treated area may become red or darker, if you have dark skin.
- You may need to pass urine more often or urgently.
- You may get diarrhoea.
- You may develop problems getting an erection 2 to 5 years after radiotherapy.

Hormonal therapy

The hormone testosterone makes prostate cancer grow. Hormonal therapies either reduce testosterone levels in the body or block testosterone. They can be given as tablets or injections.

You will usually have hormonal therapy before or after radiotherapy. It makes radiotherapy work better. You may have it for 2 to 3 years after radiotherapy to reduce the risk of the cancer coming back.

Sometimes, hormonal therapy may be the main treatment.

If you are having watchful waiting and the cancer is causing symptoms you usually start hormonal therapy.

Hormonal therapy is the main treatment for advanced prostate cancer. It can:

- shrink the cancer
- slow its growth
- reduce the symptoms of cancer.

Side effects

These can include:

- hot flushes and sweats
- sexual problems
- tiredness
- weight gain
- bone thinning.

Chemotherapy

Chemotherapy uses anti-cancer drugs to destroy cancer cells. It is usually only used to treat prostate cancer that has spread to other parts of the body. Occasionally, it is given for cancer has spread into the tissues around the prostate (locally advanced). It can be given either with or after hormonal therapy.

A nurse will give you the chemotherapy drugs into a vein (intravenously). You can have this in the chemotherapy day clinic.

Chemotherapy drugs can cause side effects that make you feel unwell.

Different drugs can cause different side effects. These include:

- being more likely to get an infection
- feeling tired
- feeling sick or being sick
- a sore mouth
- hair loss.

Your doctor can talk to you about the side effects you may have and how to manage them. Most side effects can be controlled with drugs. Most side effects go away when chemotherapy is over.

Coping with treatment side effects

Treatments for prostate cancer can cause some difficult and upsetting side effects. Your doctor will explain the side effects you are likely to have. Not everyone gets all these side effects. It depends on the treatment you have.

There are different ways these can be managed. Always talk to your doctor or nurse about side effects.

Sexual problems – you may not want to have sex or find it hard to get or keep an erection. This is called erectile dysfunction (ED). Your doctor or nurse can give you advice. There are drugs and other treatments that can help with ED.

Bladder problems – you may need to pass urine more often or have some urine leaking (incontinence). There are different ways of coping with this problem. Your doctor or nurse can give you advice. They can refer you to a specialist in managing incontinence.

Hot flushes and sweats – they may reduce as your body gets used to treatment. They usually stop completely 3 to 6 months after treatment with hormonal therapy finishes.

Breast swelling or tenderness – certain hormonal therapy drugs may cause this. Sometimes, radiotherapy can be given to the chest before treatment to prevent this. A hormonal drug called tamoxifen can also be given to reduce breast swelling.

Tiredness and difficulty sleeping – hot flushes may make sleeping difficult. Regular physical activity can help to reduce tiredness.

Mood changes – talking to someone close to you or a counsellor may help.

Weight gain (especially around the middle) and loss of muscle strength – regular physical activity and a healthy, balanced diet can help to manage this.

Bone thinning (osteoporosis) – this is more likely with long-term hormonal treatment. Regular weight-bearing exercises such as walking, dancing, hiking or gentle weight-lifting can help keep your bones healthy.

Controlling symptoms of advanced prostate cancer

If the cancer is advanced, there are lots of ways to control any symptoms you may have. Your doctor can give you different drugs or medicines to help with symptoms. Always tell your doctor if symptoms do not improve.

Macmillan toilet card

If you need to use a toilet urgently when you are out, you can carry a free Macmillan toilet card. You can show this in places such as shops, offices and cafes. We hope it helps you get access to a toilet, but it may not work everywhere.

You can get one by calling our Macmillan Support Line on **0808 808 00 00**. Or, you can order it on our website **at [be.macmillan.org.uk](https://www.be.macmillan.org.uk)**

You can also use disabled toilets. These are sometimes locked. You can buy a key from some health charities and some local councils.

Follow up

After your treatment has finished, you will have regular check-ups and tests. These may continue for several years but will happen less often over time.

Your feelings

You may feel overwhelmed when you are told you have cancer and have many different emotions. There is no right or wrong way to feel. There are many ways to cope with your emotions. Talking to a close friend or relative may help. Your doctor or nurse can help too.

How Macmillan can help you

Macmillan is here to help you and your family. You can get support from:

- **The Macmillan Support Line.** We have interpreters, so you can speak to us in your language. Just tell us, in English, the language you want to use. We can answer medical questions, give you information about financial support, or talk to you about your feelings. Just call **0808 808 00 00** (7 days a week, 8am to 8pm).
- **The Macmillan website.** Visit **macmillan.org.uk** for lots of English information about cancer and living with cancer. There is more information in other languages at **macmillan.org.uk/translations**
- **Information and support services.** At an information and support service, you can talk to a cancer support specialist and get written information. Find your nearest centre at **macmillan.org.uk/informationcentres** or call us. Your hospital might have a centre.
- **Local support groups.** At a support group you can talk to other people affected by cancer. Find a group near you at **macmillan.org.uk/supportgroups** or call us.
- **Macmillan Online Community** – You can also talk to other people affected by cancer online at **macmillan.org.uk/community**

Word list

Word (target language)	In English	Meaning
	Cells	The tiny building blocks that make up the organs and tissues of our body.
	Chemotherapy	A cancer treatment that uses drugs to kill cancer <u>cells</u> .
	Consent	Giving permission for something to happen or agreeing to do something.
	Diarrhoea	When you have soft or watery poo. You might need the toilet more than usual or very urgently. You may also have tummy pain.

	Hormonal therapy	A cancer treatment that works by affecting <u>hormones</u> in the body.
	Hormone	A substance made by the body that controls how organs work. There are different types of hormones.
	Protein	A substance that helps our body to grow, function and repair itself.
	Radiotherapy	A cancer treatment that uses high-energy rays, such as x-rays, to kill cancer.
	Tumour	A group of <u>cells</u> that are growing in an abnormal way. The abnormal <u>cells</u> keep multiplying and form a lump.

More information in your language

We have information in your language about these topics:

<p>Types of cancer</p> <ul style="list-style-type: none"> • Breast cancer • Large bowel cancer • Lung cancer <p>Treatments</p> <ul style="list-style-type: none"> • Chemotherapy • Radiotherapy • Surgery 	<p>Coping with cancer</p> <ul style="list-style-type: none"> • If you are diagnosed with cancer – A quick guide • Cancer and coronavirus • Claiming benefits when you have cancer • Eating problems and cancer • End of life • Healthy eating • Help with costs when you have cancer • Side effects of cancer treatment • Tiredness (fatigue) and cancer • What you can do to help yourself
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To see this information, go to [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

References and thanks

This information has been written and edited by Macmillan Cancer Support's Cancer Information Development team. It has been translated into your language by a translation company.

The information included is based on the Macmillan booklets Understanding early prostate cancer, Understanding locally advanced prostate cancer and Understanding advanced prostate cancer. We can send you a copies, but the full booklets are only available in English.

The information has been reviewed by Dr Jim Barber, Consultant Clinical Oncologist, and Dr Ursula McGovern, Consultant Medical Oncologist.

Thanks also to the people affected by cancer who reviewed this information.

All our information is based on the best evidence available. For more information about the sources we use, please contact us at **bookletfeedback@macmillan.org.uk**

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