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Subheading 1

When you’re close to someone with prostate cancer, the diagnosis can affect you just as much as them. As well as affecting how you feel, it may also change your relationship with them as your plans and priorities change. This page is for anyone who is close to someone with prostate cancer, whether you're a partner, family member or friend. It looks at ways you can support someone with prostate cancer, where to get more information and how you can look after yourself. You can find out more about prostate cancer and treatments on our other pages. You can also call our Specialist Nurses or chat to them online. If you’re close to someone with prostate cancer you’re likely to want to give them support and be there for them. Research suggests that family and friends who offer emotional and practical support may help men deal better with the daily challenges of having prostate cancer. Doing something to help might also ease your own feelings of distress and help you feel more in control. But be aware of your limits and try to remember that you don’t have to do everything on your own. Think about whether your friends or family could help out with some things. Social services and charities can also be good places to get support. Dealing with a diagnosis of cancer, having treatment and managing side effects can be challenging. We know from research that men with prostate cancer and their partners have a higher risk of depression and anxiety. Read more about the feelings men might go through when they have prostate cancer. If you notice that your loved one is feeling very down, worried or is finding it hard to cope, encourage him to speak to his doctor or nurse. There are treatments and support available. They can also speak to our Specialist Nurses or ring the Samaritans if they need to speak to someone urgently. Many partners, family and friends find it helps to learn more about prostate cancer. Some people like to read lots about prostate cancer, while others prefer not to know as much. Learning about prostate cancer can help you and your loved one feel more informed and confident about making decisions. It may also help you both feel more prepared for what will happen during and after treatment. If you choose to get information, it’s important to get it from places and people that you trust. Health professionals may give you information, or you can find information online or in print, like booklets and fact sheets. You can download or order any of our publications for free. Getting information about prostate cancer can help you and your loved one in many ways. Making a decision Often men with prostate cancer will have a choice about what treatment to have. This is because there isn’t always an overall best treatment, and each treatment has its own advantages and disadvantages. Some men may also have a choice about whether or not to have treatment straight away, which can be a difficult decision to make. Finding out more about treatments and side effects can help. Some men find having support from their partner, family or friends helps when making this decision. For example, you could talk through the advantages and disadvantages of each treatment together and think about what’s right for him. Knowing what to expect Knowing more about prostate cancer and treatment can help you prepare for what will happen and the possible side effects of treatment. Treatments for prostate cancer can all cause side effects, such as: • difficulty getting or keeping erections (erectile dysfunction) • urinary problems (incontinence) • bowel problems • extreme tiredness (fatigue). A common treatment called hormone therapy can also cause other side effects such as hot flushes, loss of sex drive, breast swelling, weight gain, muscle loss, forgetfulness and mood changes, such as feeling more irritable or emotional. Read more about how hormone therapy affects men. Side effects can affect a man’s everyday life and the lives of those close to him. Dealing with these feelings, as well as with the cancer itself, can make men feel worried and sometimes depressed. But there are ways to manage side effects. And getting information about prostate cancer can often help you both feel more reassured about side effects and what to expect in the future. Talking to health professionals Some people find it helps to have someone with them at their appointments. It’s hard to take everything in, ask questions and make notes all at the same time. Having someone else there to remember and ask questions can be useful. Health professionals involved in your loved one’s care may not be able to discuss his diagnosis, treatment or care with you, unless he gives them permission. If he is happy for you to know about these things, he needs to let his doctor or nurse know. He can request this for anyone – whether that’s a partner, family member or friend. Some people don’t feel confident talking to

health professionals. But it’s always worth asking if you’re not sure about something, or if you have a question or concern. Sometimes health professionals will ask if you have any questions. But if they don’t, it could be because they assume you understand what has been said, or that you would ask if you had any questions. As a partner or relative, you also have the right to information and support for yourself. If you don’t feel able to talk to the doctors or nurses treating your loved one, make an appointment with your GP. Or you can call our Specialist Nurses, who are here for you too. Many men with prostate cancer value being able to talk to those close to them about how they are feeling. It can help get things out in the open. There is no right or wrong thing to say – sometimes you might just need to listen. Macmillan Cancer Support has information about how to talk to someone with cancer. You and your loved one might not always want to or feel able to talk. Some people need some support to open up and express how they are feeling. Talking to someone else, such as a friend, health professional or counsellor might be helpful, either together or separately. And remember, you will be dealing with your own feelings too and may also need time to talk about them. What if he doesn't want to talk? Some men prefer to cope on their own and don’t want to talk about things, or want any outside help. You might find this frustrating or upsetting. But try to remember that they might not see things the same way as you. Even if you think that they need some practical help or should be talking about their emotions, they might feel that they’re coping fine. Try to help them think about what they want, rather than telling them what they should do. You can do this by asking questions or saying what you think, and then asking what they think. It may take some men longer to accept that they have prostate cancer than others. Their initial response could be disbelief, denial or shock. They might find it hard to take in information about their cancer or accept help. It may help to give them information in small chunks, at times when they seem ready to take it in. You could let them know that you are there for them if they need anything. Be specific about the kind of support you can offer – practical as well as emotional. You might need to give them space to come to terms with things in their own time or deal with things in their own way. For some men just having family and friends around is enough. You don’t always have to talk about prostate cancer. Just chatting about normal things and doing some everyday activities together might help. Encourage your loved one to see family and friends and to keep up with social activities and hobbies if they feel up to it. When someone you’re close to is unwell, it’s natural to try to protect them and make their life as easy as possible. But a lot of men will want to keep doing things for themselves and to stay active. Many men with prostate cancer say they want to keep things as normal as possible. They may want to manage any side effects, or changes they’re experiencing, themselves. This is called self-management. It means being actively involved in looking after your own health and wellbeing. For example, changing your diet, getting more active or learning other ways to look after yourself. It also involves being aware of any changes to your health and letting your doctor or nurse know about them. But not all men will want, or be able, to make changes to their lifestyle. For some it may take a long time to make any changes, especially if they’ve been doing something for a long time. But remember that making small changes gradually can still make a big difference to their health and the way they feel. Supporting your loved one to make positive lifestyle changes can help keep them motivated. Self Management UK runs courses for people who want to take control of their health, including courses for carers. You might be able to go along to appointments with your loved one. Men often say they like having someone with them for company and to help remember information. Attending appointments with your loved one may also help you feel more involved in his care and treatment. Some men find it helps if someone talks to the health professional for them. But only do this if he asks you to. Some people like to take notes, or you could ask to record the conversation using a phone or another recording device. This is often a good way to keep track of important details and means your loved one can go back over what was said in their own time. They have the right to record their appointment if they want to, because it's their personal data. But let the doctor or nurse know if and why you're recording them, as not everyone is comfortable being recorded. If you’re going to be waiting a long time for appointments or treatments, take some things to do. For example, travel games or cards, magazines, books and crosswords. Or you could listen to music or watch films if you have a smart phone, laptop or tablet. If you’re concerned about anything to do with the treatment your loved one is getting, talk to their doctor or nurse. If you’re raising any concerns without your loved one’s knowledge, the doctors and nurses can listen to your concerns, but they might need to tell him about the conversation if it affects his care and treatment. Other services where you can raise concerns include: You might be able to get help with the cost of travel to and from hospital, and hospital parking. This varies depending on where you live. Some people are eligible for free hospital transport. To find out more, talk to the hospital that is caring for your loved one, or his GP, or contact Macmillan Cancer

Support. Some hospitals have a support and information service that may also have information about local travel costs and parking. A carer is someone who provides unpaid support to a family member or friend. Caring can include helping with day-to-day tasks such as housework, providing transport, or giving emotional support. Some people who care for someone with prostate cancer also provide medical and personal care. For example, help with using a catheter after surgery, organising medicines, ordering incontinence pads, or help with washing or dressing. If you are providing this type of care, make sure you're getting all the help available to you. Nurses such as community, district and Macmillan nurses can offer medical care at home and give you advice about ways to look after yourself. You might also be able to arrange to have other care staff visit you at home. You can arrange this through your GP or ask the health professionals at the hospital. The levels of care that your loved one needs may change over time. You might have managed fine in the past and not needed any help caring for him. But this may change from time to time, and some weeks may feel harder than others. If you find you're having a bad week or caring for your loved one is becoming too much, get advice and support from health professionals. Speak to our Specialist Nurses or another organisation. Caring can be tiring and sometimes stressful, so remember to look after yourself. As a carer you might take over some of your loved one's usual activities, but try not to take on too much. This will help make sure that you don't get too tired and will help your loved one keep their independence and some normal routine to their day-to-day life. If you could do with some extra help at home, speak to your GP or contact your local council and ask about social services. You can ask social services to assess your loved one's needs – and your own needs if you are providing them with care. This could include: It's important to have breaks if you're caring for someone. Respite care is temporary care to give carers a break. Carers Trust and Crossroads Caring Scotland have professional carers who can provide respite care in your home, if you decide to go away for a short time. Applying for support sometimes means filling in forms. For help with this, contact your local Citizens Advice or Macmillan Cancer Support. Your loved one might decide to reduce their working hours, or stop working completely if the side effects of treatment are making it difficult to work. If you're caring for someone with prostate cancer, you may also think about reducing your working hours. Think about telling your manager that someone you are close to has cancer, as you may be entitled to time off or flexible working. If you're worried about talking to your manager, remember that everyone has their own worries and health problems from time to time. Most people will be understanding and will want to support you. Arrange a time to talk to your manager, and try working out a plan together. If you or your partner reduce your working hours this could affect your financial situation. You may be entitled to certain benefits and grants. It can help to get some financial advice to make sure you're getting all the help you need. The following organisations offer more information. The diagnosis of a loved one can have a big impact on your life and it's likely that you'll also have a lot on your mind. So make sure you find time to look after yourself. This is important for your own health and so that you can support your loved one. How you react and feel when someone close to you has prostate cancer will be different for everyone. But you may be dealing with some of the feelings below. You may find that some of these feelings fade over time. Or you might continue to have these feelings even if your loved one's prostate cancer is treated. You might feel worried or scared that their cancer will come back or start to spread. There's no right or wrong way to feel. Some people who are close to someone with prostate cancer may have anxiety or depression. If you're feeling very down, worried or are finding it hard to cope, there are treatments and support available. If you're depressed your GP may be able to prescribe you some medication, or refer you to talk to a psychologist or counsellor. Speak to your GP, call our Specialist Nurses or contact Carers UK. If you need to speak to someone immediately, ring the Samaritans. Uncertainty about the future It's natural to find it difficult and upsetting to think about the future, particularly if your loved one has advanced prostate cancer. Many men with prostate cancer will have treatment that keeps the cancer under control for many years, but the outlook for some men won't be as good. You might find that making plans helps you feel more prepared for what the future may hold, and reassured about the future for your family. But you may also find it difficult to make plans, especially if you're not sure how your loved one's prostate cancer may change. Your own personal plans, such as work or holidays, may also change, which some people find frustrating or upsetting. Talking about the future isn't always easy and you may feel worried about how to bring up the subject with your loved one. This is normal, and it may take some time before you both feel ready to talk about the future. It's important to ask for support if you need it. Our Specialist Nurses are here to support you too. Be kind to yourself Try to go easy on yourself, and don't expect to have all the answers. There's no right or wrong way to deal with your feelings. Everyone has their own way of coping. Get support for yourself Some people struggle to deal with things on their own. It might be

difficult to talk to the person you're supporting about how you are feeling – especially if they are dealing with their own emotions. You could get some separate support for yourself, especially if you have different needs and worries. There are a number of ways you can get help and support for yourself, including: Other things that could help Examples of other things that might help include: People close to someone with cancer sometimes find that their own health gets worse. This might be because of stress, because they've become a full-time carer, or because they don't have the time to look after themselves properly. If you're close to someone with cancer you might get particularly tired, especially if you're caring for them. Get support for any anxiety you're feeling as this can be linked to increased tiredness. For example, you might have problems sleeping because you're worrying a lot. Make sure you look after your own health. If you are feeling unwell, tired or down, talk to your GP. Get support and information about managing the side effects of prostate cancer treatment. They might have an impact on your life as well as your loved one's. For example, if your partner gets up a lot at night to use the toilet, you might be woken each time. Learn some ways to relax or manage stress. This might help if you're feeling down or finding it difficult to sleep. Talk to your GP if you're having difficulty sleeping. Some people find yoga or meditation helpful. Look for classes at your local GP surgery or through charities such as Macmillan Cancer Support, Maggie's Centres, Carers UK or Carers Trust. Some hospitals have support and information centres that may run wellbeing groups like yoga, relaxation and art. Going to groups like this can also be a good way of meeting other people who understand what you're going through. There are some simple changes you can make to your lifestyle to boost your energy levels. Prostate cancer can change the normal pattern of your life and affect relationships, friendships and roles within the family. It can bring challenges, but can also bring some couples and families closer together. You might find that your plans get interrupted or your priorities change after a diagnosis of prostate cancer. If a man with prostate cancer has side effects, like tiredness, his normal family role might change – for example, others may have to take on more tasks at home. People find that they go through a process of adjusting and develop new ways of thinking about life and relationships. You might find some of these ideas can make life easier: Try to make sure that you make time for family activities, such as holidays and days out. Even though your loved one may not feel up to doing some activities, you could try something new together. Read more about planning travel with prostate cancer. It can be difficult and upsetting to talk to children or grandchildren about cancer. It usually helps to be honest with them. Keeping things from them might only make them worry more. Children can often sense that something is wrong, even if they don't understand it. They may also notice that things at home have changed, such as their day-to-day routine. This can be confusing, especially for younger children. What they'll need to know about cancer and how they will react will depend on their age and whether they've known someone with an illness before. Creative activities, like drawing or books, may help younger children understand, while you may need to encourage teenagers to ask questions. Remember that you might not always have the answers. It's okay to be honest and say if you don't know something. Charities such as Macmillan Cancer Support and Winston's Wish have more information about how to talk to children when a parent, or grandparent, has cancer. Fruit Fly Collective also has information, and activity kits to order for children of all ages. Your local hospice may offer a support service to children and young people. You or your loved one could also ask a GP or specialist nurse at the hospital for advice, or call our Specialist Nurses. Prostate cancer and its treatments can affect a man's sex life. If you are a partner of someone with prostate cancer, you might need particular support for relationship and sexual issues. Some partners of people with prostate cancer feel very distressed and may become anxious and depressed. This can affect how you feel about sex. You may experience: Your own desire for sex may change after your partner's diagnosis and during treatment. For example, if you're feeling anxious, you may have less interest in sex. Changes in your relationship, such as changed roles, may also affect how you feel about sex. Many partners don't talk about their own feelings because they want to protect their loved one. But it's also important to get some support for yourself, perhaps without your partner. Talking to other partners who are experiencing the same thing or getting some counselling may improve things. Some men may distance themselves from close relationships because they feel uncomfortable with changes to their bodies and the impact of treatment on their sex life. But this doesn't mean that they no longer care for you. Read more about how prostate cancer can affect a man's sex life. You can also check out our interactive online guide about sex and relationships. Our sexual support service is a chance for you, or your partner, to talk to one of our Specialist Nurses with an interest in helping with sexual problems after treatment for prostate cancer. They can talk to you in depth about the impact of treatment on your sex life and relationships, and discuss possible treatments or ways to deal with these changes. The

service is available to both men and their partners. Prostate cancer affects gay and bisexual men in many of the same ways as heterosexual men. But if you're a gay or bisexual man, you may have some other issues or concerns about the impact of treatments for prostate cancer. We have specific information for gay and bisexual men and their partners. You could also speak to our Specialist Nurses. There are also support groups specifically for gay and bisexual men, and their partners. You can share your worries, ask questions and know that you're not alone in the way you're feeling. Find out more about support groups. Updated August 2019 | Due for review August 2022 Here, men share their experiences of being diagnosed, treatments, side effects of prostate cancer treatment and living with and after prostate cancer. Use the filter options to help choose the stories you're interested in. Showing 12 of 20 Results Paul, 64, had surgery which caused problems leaking urine (incontinence). He talks about how this affected him, how he managed it and the different treatments he tried for erection problems. Chris, 58, chose brachytherapy. He describes what it involves and the side effects he had. His wife, Jean, talks about how she supported him. Simon Smith was diagnosed with prostatitis in 2011 at the age of 24. By sharing his story, he hopes to raise awareness of this common condition and let other men know they are not alone. Life changed in 2010 for car mechanic Errol McKellar. Kevin, 56, had surgery and hormone therapy. He talks about the impact of surgery on his life and the challenge of accepting the changes in his sex life. Sally Payne is a trans woman who was diagnosed with prostate cancer in 2010. In 2006 at age 54, whilst she was living as a man, she had what she felt was the first warning of prostate cancer. Martin, 58, had surgery, radiotherapy and hormone therapy, meaning he couldn't get an erection and lost his desire for sex. He tried different treatments for erections and changed his approach to sex. Bruce, 51, is on hormone therapy for advanced prostate cancer. He describes some of the side effects he's had including how it has affected his sex life. Suzanna is a 72-year-old woman with a trans history. She had full lower surgery in 2013. Suzanna has had treatment for an enlarged prostate. Elvis shares his experience of the pandemic and his top tips for staying healthy, both physically and emotionally. Tony talks about his experience, what it was like being a gay man with prostate cancer, and the support that helped him. Civil Engineer Thomas Kagezi explains how a chance encounter led to his prostate cancer diagnosis. The most common prostate problems are: If you notice any changes when you urinate, this could be a sign of a problem in your prostate. Urinary problems are common in older men and are not always a sign of a prostate problem. They can also be caused by an infection, another health problem such as diabetes, or some medicines. Your lifestyle can also affect the way you urinate – for example, drinking a lot will make you urinate more often, while alcohol, caffeine, artificial sweeteners and fizzy drinks can make some urinary problems worse. Changes to look out for include: Less common symptoms include: A small number of men get blood in their urine or semen*, or problems getting or keeping an erection. These symptoms aren't usually caused by a prostate problem, and are more often linked to other health problems. *Blood in your urine or semen can be caused by other health problems. Talk to your doctor if you see any blood in your urine or semen. Most people urinate up to eight times each day, depending on how much they drink. And your bladder can usually hold around 300 to 400ml. But everyone is different. If your bladder is working normally, you should know when your bladder is full and have enough time to find a toilet. You should empty it completely every time you urinate and you shouldn't leak urine. Most people can sleep for six to eight hours without having to urinate more than once. This will be affected by how recently you had a drink and how much you drank before going to sleep. As you get older, you will probably need to urinate more often. You may wake up to urinate once in the early morning – this is common in older men. If you notice any of the changes we've talked about here or you're worried about your risk of prostate cancer, visit your GP. You can also call our Specialist Nurses, in confidence, on 0800 074 8383. They can help with any questions about prostate problems, even if you haven't yet spoken to your GP. Urinary problems will often be caused by something else rather than cancer and there are treatments that can help. What if I'm not registered with a GP? You can find a GP near you on the following websites: You can also ask family or friends who live near you for details of their GP. Or call NHS 111 to get non-emergency medical help. What if I don't have time to see a GP? It's important to make time to see a GP if you're worried about your health. Some GP surgeries are open in the evenings or weekends, so you should be able to see a GP or nurse at a time that is right for you. You can also ask for a phone appointment at some GP surgeries. There might also be an NHS walk-in centre nearby. Use the websites listed above to find one in your area. Or you can call NHS 111 if you need medical help but it isn't an emergency. What if I'm worried about going to the GP? It is natural to feel worried or embarrassed about having tests and check-ups. But don't let that stop you going to your GP. Remember, the tests give your GP the best idea about whether you have a problem that needs

treating. You can ask to see a male doctor or a female doctor when you make the appointment. Or take someone with you. You can also talk things through with our Specialist Nurses. If you're not sure about what to say to your GP, print and fill out this form and show it to them. This will help you have the conversation. Updated: July 2019 | Due for Review: December 2021 Although prostate cancer is a common cancer in men, there are different types of prostate cancer. Some types of prostate cancer are rare. Because they are rare, there hasn't been much research, so we don't know much about them. Rare types of prostate cancer include: If you are diagnosed with one of the cancers mentioned here, speak to your doctor or nurse about what that means and what treatments are suitable for you. Like most things in our body, the prostate is made up of different types of cells. The type of cancer that develops depends on the cell it starts in. The most common type of prostate cancer starts in some of the cells that line the prostate, called glandular epithelial (gland) cells. When we talk about common prostate cancer here, we mean this type of prostate cancer. Rarer types of cancer can also develop from gland cells, or from other types of cells in the prostate. Some men have more than one type of prostate cancer. For example, they may have some common prostate cancer mixed with a rare prostate cancer at the same time. Some of the rare cancers may be more aggressive than common prostate cancer. This means they may grow faster and are more likely to spread to other parts of the body. Rarer prostate cancers can be harder to diagnose. For example, some don't cause your prostate specific antigen (PSA) level to rise. This means they're not always picked up by a PSA test. Because of this, some rare cancers may not be diagnosed until they have already spread outside the prostate. Read more about the PSA test and other tests used to diagnose prostate cancer. Some rare prostate cancers may only be picked up after having a biopsy to check for prostate cancer, or surgery called transurethral resection of the prostate (TURP) to treat an enlarged prostate. The tissue removed during the biopsy or TURP is looked under a microscope to see if you have common prostate cancer or a rare type of prostate cancer. Rare cancers aren't always given a Gleason score after a biopsy. This is because they can behave differently to common prostate cancer and can't be measured in the same way. Because rare cancer can be aggressive and spread outside the prostate, you will probably have more tests to see if they have spread. These include: Neuroendocrine prostate cancers develop from neuroendocrine cells in the prostate. Different types of neuroendocrine prostate cancers include: Small cell prostate cancer is the most common neuroendocrine prostate cancer. Most men who have small cell prostate cancer also have common prostate cancer at the same time. And it's most common in men who've had hormone therapy for normal prostate cancer. Small cell prostate cancer is aggressive and can spread quickly to other parts of the body. Large cell prostate cancer is very rare. Because of this, we don't yet know how it develops, or the best ways to treat it. It is aggressive and can spread quickly to other parts of the body. Most men who have large cell prostate cancer also have common prostate cancer at the same time. And it's most common in men who've already had hormone therapy for normal prostate cancer. Like common prostate cancer, some rare prostate cancers can develop from glandular epithelial (gland) cells in the lining of the prostate. They include: You may hear them called adenocarcinomas. These can be mixed with common prostate cancer. You may also hear this called ductal adenocarcinoma. Ductal prostate cancer is aggressive and can spread quickly to other parts of the body. Most men who have ductal prostate cancer also have common prostate cancer at the same time. Ductal prostate cancer is usually more aggressive than common prostate cancer, and it's more likely to come back after treatment. You may also hear this called mucinous adenocarcinoma. This type of prostate cancer is very rare and most men who have it usually also have common prostate cancer at the same time. Like other rare cancers, there isn't much research on mucinous prostate cancer, so we don't yet know the best ways of diagnosing and treating them. Even though mucinous prostate cancer can spread to other parts of the body, recent research shows most mucinous prostate cancers may be slow-growing. Like common prostate cancer, mucinous prostate cancer can cause the levels of PSA in the blood to rise. So a PSA test can be used to diagnose it. However, this rise in PSA is more likely if your cancer has spread to other parts of the body. You will need to have a biopsy to confirm you have mucinous prostate cancer. You will also have scans to see if your cancer has spread. You might also hear this called signet cell prostate cancer or signet ring cell adenocarcinoma. Signet ring cell cancer can be very aggressive and spread to other parts of the body. You might also hear this called adenoid cystic prostate cancer or basaloid carcinoma. Men who have basal cell prostate cancer can also have common prostate cancer at the same time. We don't know how aggressive it is. Some studies suggest it isn't very aggressive. But other studies suggest it might be more aggressive than common prostate cancer. This is also known as urothelial carcinoma. This cancer starts in the cells that line the urethra (the tube you urinate through). Sarcomas are rare cancers that can develop anywhere

in the body, including the prostate. Unlike common prostate cancer, sarcomas develop from smooth muscle cells in the prostate, called mesenchymal cells. There are several types of prostate sarcoma. Some prostate sarcomas can be aggressive, but others are not. This is the most common type of prostate sarcoma in men (it is not the same as leiosarcoma). Leiomyosarcoma is mostly found in men who are 40 years or older. But it can also sometimes be found in children and young men. Most are aggressive and can spread to other parts of the body. Rhabdomyosarcoma is another type of rare prostate sarcoma. It is mostly found in children, but can also be found in adult men, although this is rare. Most rhabdomyosarcomas are very aggressive and can spread to other parts of the body. There are other types of sarcoma, but they are very rare. Because of this we don't know much about them and more research is needed to find out more about whether current tests can diagnose them and what treatments work best. Being diagnosed with any kind of prostate cancer can be frightening and overwhelming. If you are told you have a rare prostate cancer you may worry about what this means and feel frustrated that there isn't much information available about your diagnosis and treatment. No matter what you're feeling or thinking, there is support available if you want it. You can speak to our Specialist Nurses, in confidence or chat with them online. Our Dealing with prostate cancer page looks at things you can do to help yourself and people who can help. Visit our wellbeing hub for information to help support you in looking after your emotional, mental, and physical wellbeing. If you are close to someone with prostate cancer, find out more about how you can support someone with prostate cancer and where to get more information. Updated: May 2022 | Due for review: May 2025 Prostatitis is an infection or inflammation of the prostate gland – is a non-cancerous condition. There are four main types of prostatitis: You can also read more about the signs and symptoms, tests and treatments for the different types of prostatitis. This booklet is for anyone who wants to know more about prostatitis. The booklet describes the causes, symptoms, diagnosis and treatment of prostatitis. Download or order booklet CPPS is the most common type of prostatitis – around 19 out of every 20 men (90 to 95 per cent) with prostatitis have it. You might also hear it called chronic non-bacterial prostatitis, chronic abacterial prostatitis or prostate pain syndrome. Chronic means long-lasting. Men with CPPS usually have symptoms for three months or longer. Even after treatment, you may still have prostatitis for a long time. It might come and go, causing occasional episodes of severe pain, sometimes known as flare-ups. Nobody knows for certain what causes CPPS. Unlike other types of prostatitis it isn't usually caused by a bacterial infection. There could be a number of causes, which makes it difficult to diagnose and treat. There are also a number of things that might trigger it, including: Some research shows a link between stress, anxiety and depression and CPPS. But this doesn't mean that CPPS is all in your head. If you're feeling stressed or depressed, this may cause physical symptoms that trigger CPPS, or make symptoms worse. There's some evidence that CPPS may be linked to other conditions such as chronic fatigue syndrome, which causes severe tiredness, and irritable bowel syndrome (IBS), which causes bowel problems. Some men with CPPS have symptoms of these conditions too. There's also some evidence that in a small number of men, CPPS may be caused by a sexually transmitted infection. But we need more research to know for sure. You can read more about the symptoms of CPPS, the test used to diagnose it, and the treatments available. Acute bacterial prostatitis is an infection of the prostate that is caused by bacteria. Acute means that the symptoms develop very quickly. It isn't common, but it can be serious and may need treating in hospital. Acute bacterial prostatitis can develop when certain types of bacteria get into your prostate, causing it to become infected. Bacteria that normally live in your bowel may spread to the tip of your penis and to the urethra (the tube you urinate through). From here, the bacteria might reach your prostate. Bacteria can also spread to your prostate from your bladder or bloodstream. Acute bacterial prostatitis can happen if: You can read more about the symptoms of acute bacterial prostatitis, the test used to diagnose it, and the treatments available. Chronic bacterial prostatitis is an infection of the prostate that can last for a long time – at least three months. Chronic means that it is long-lasting. It tends to come and go, causing episodes or flare-ups. It isn't common. Chronic bacterial prostatitis is caused by a bacterial infection. It tends to affect men who've had lots of urine infections or an inflamed urethra (urethritis) in the past, or who have a damaged or narrow urethra (a stricture). Each episode tends to be caused by the same bacteria, which also cause the urine infections. It can develop from acute bacterial prostatitis if antibiotics don't get rid of all the bacteria. This could be because the bacteria were resistant to the antibiotics or because the treatment was stopped too early. You can read more about the symptoms of chronic bacterial prostatitis, the test used to diagnose it, and the treatments available. This is prostatitis that doesn't have any symptoms – the word asymptomatic means there are no symptoms. It is usually detected by chance when you're having tests for other conditions, such as prostate cancer. You can

read more about the symptoms of asymptomatic inflammatory prostatitis, the test used to diagnose it, and the treatments available. Last updated November 2022 | To be reviewed March 2024 An enlarged prostate is an increase in the size of the prostate. It isn't caused by cancer. The medical term for an enlarged prostate is benign prostatic enlargement (BPE). You might also hear it called benign prostatic hyperplasia (BPH). Hyperplasia means an increase in the number of cells. It is this increase in cells that makes the prostate grow bigger (see diagram below). In our information, we use the words 'enlarged prostate' to describe both BPE and BPH. An enlarged prostate is very common in men over the age of about 50. It can affect younger men too, although this is uncommon. Not everyone with an enlarged prostate get symptoms. But as the prostate grows, it can press on the outside of the urethra, causing the urethra to become narrow. This can slow down or sometimes even stop the flow of urine when you try to urinate. About 1 in 3 men over the age of 50 have urinary symptoms. The most common cause of these symptoms is an enlarged prostate. This booklet is for men who want to know more about a condition called an enlarged prostate. You may also hear it called benign prostatic enlargement (BPE) or benign prostatic hyperplasia (BPH). Download or order booklet We still don't really know all the things that cause the prostate to grow. But we do know about two risk factors that can increase your risk of having an enlarged prostate. Your risk of having an enlarged prostate increases as you get older. Many men aged 50 or over have an enlarged prostate, but they don't all get symptoms. And some men have symptoms that don't bother them. The balance of hormones (oestrogen and testosterone) in your body changes as you get older. This may cause your prostate to grow. Some studies show that obese men and men who have diabetes may be more likely to develop an enlarged prostate. Regular exercise may help to reduce your risk of urinary symptoms. But we still need more studies into the causes of enlarged prostate to know for certain if, and how, we can prevent it. There is also some research that suggests you may be more at risk of developing an enlarged prostate if your father or brother has one. Again, further studies are needed to confirm this. An enlarged prostate is the most common cause of urinary problems in men as they get older. Possible symptoms include: You may not get all of these symptoms, and some men with an enlarged prostate don't get any symptoms at all. These symptoms can also be caused by other things, such as cold weather, anxiety, other health problems, lifestyle factors, and some medicines. If you have any symptoms, visit your GP to find out what may be causing them. Blood in your urine may be a symptom of an enlarged prostate. But this is rare and is usually caused by something else. Tell your doctor if you have blood in your urine. No, having an enlarged prostate does not increase your risk of getting prostate cancer. The two problems usually begin in different parts of the prostate. But men can have an enlarged prostate and prostate cancer at the same time. If you're worried about prostate cancer, talk to your GP or call our Specialist Nurses. Having an enlarged prostate affects everyone in different ways. Some men can manage mild symptoms and don't need treatment. Others find they need to stay near a toilet. This can make it difficult to work, drive, be outdoors and attend social events. If you need the toilet a lot during the night, this can affect your sleep and make you feel more tired during the day. Some men find their symptoms improve over time without treatment. But for most, the symptoms will stay the same or slowly start to cause more problems over time unless they have treatment. A small number of men may find it difficult to empty their bladder properly – this is called urine retention. If you've been diagnosed with an enlarged prostate, your doctor will look at your test results to see if you're at risk of urine retention. You may be more likely to get urine retention if: This is where you can't empty your bladder fully, but can still urinate a little. It usually develops slowly over time. Chronic means long-lasting. The first signs often include a weak flow when you urinate, or leaking urine at night. You may feel that your abdomen (stomach area) is swollen, or that you're not emptying your bladder fully. Chronic urine retention is usually painless. But the pressure of the urine can slowly stretch your bladder muscle and make it weaker. This can cause urine to be left behind in the bladder when you urinate. If you don't empty your bladder fully, you might get a urine infection, need to urinate more often, leak urine at night, or get painful bladder stones. You might also see some blood in your urine. Chronic urine retention can damage your bladder and kidneys if it isn't treated. There are several treatments for chronic urine retention, including: This is when you suddenly and painfully can't urinate at all. It needs treating straight away. If this happens, call your doctor or nurse, or go to your nearest accident and emergency (A&E) department. They may need to drain your bladder using a catheter. Before the catheter is removed, you may be offered a medicine called an alpha-blocker. This may help stop you getting acute retention again. Some tests for an enlarged prostate can be done at your GP surgery. Your GP might also arrange for you to see a doctor who specialises in urinary problems (a urologist) or a specialist nurse at the hospital. Read our information on tests for an enlarged prostate. There are three main

types of treatment for an enlarged prostate: Read our information on treatment for an enlarged prostate. Updated: May 2022 | Due for Review: May 2025 Our Specialist Nurses receive thousands of emails and phone calls each year from men, their families and friends and health professionals asking for information about prostate cancer. Below we give answers to some of the most common questions we receive, including questions about prostate screening, prostate cancer risk factors, and having a prostate mpMRI scan. If you would like to speak to our Specialist Nurses, in confidence, call 0800 074 8383 or fill in our email contact form. Please note responses are based on UK practice. We hope this information will add to the medical advice you have had. Please do continue to talk to your doctor if you are worried about any medical issues. PIN and ASAP are changes in the cells in the prostate, which can only be seen under a microscope. PIN stands for prostatic intraepithelial neoplasia. ASAP stands for atypical small acinar proliferation. If you've been diagnosed with PIN, it's probably high-grade PIN. There is also low-grade PIN, but there's no evidence that this can cause problems in a man's lifetime. You can check with your doctor if you're not sure. When we say PIN, we mean high-grade PIN. PIN is not prostate cancer. PIN stands for prostatic intraepithelial neoplasia. It involves changes to the cells in the prostate. The cells may grow in a different way to normal prostate cells. These changes can only be seen under a microscope. We don't know what causes PIN, but we do know that the chance of finding it increases as you get older. Although PIN is not prostate cancer, many men with prostate cancer do have some PIN as well. But most men with PIN don’t have prostate cancer and won’t go on to develop prostate cancer that needs treating. ASAP stands for atypical small acinar proliferation. ASAP isn’t a medical condition but is a term used to describe changes to prostate cells seen under the microscope, when it isn’t clear whether the cells are cancer. For example, there may not be enough changed cells for the doctor to say whether they are cancer. If you have ASAP your doctor may recommend more tests so that any further cell changes are found early. It's possible to have both ASAP and PIN in your prostate. If you have PIN or ASAP, you are more likely to have prostate cancer that wasn’t picked up on your first biopsy than a man with no PIN or ASAP. If you've been diagnosed with PIN or ASAP and are worried about prostate cancer, speak to your doctor or nurse. Read more about your risk of getting prostate cancer. Or you could speak to one of our Specialist Nurses. PIN doesn’t cause any symptoms. But it’s usually diagnosed when a man has tests or treatment for another prostate problem that does have symptoms. For example, if you have an enlarged prostate as well as PIN, you might have problems urinating (peeing) that are caused by the enlarged prostate, not the PIN. If you are diagnosed with ASAP, the changed cells may or may not be cancer. If they are cancer, they may cause symptoms, such as urinary problems. If you do have any symptoms such as problems urinating, speak to your doctor. They can do more tests to find out what's causing them, and suggest treatments that may help. PIN and ASAP can only be found by looking at prostate tissue under a microscope. This might happen if: We don’t know how many men in the UK have PIN or ASAP. But for men who have had their prostate tissue looked at under a microscope (after a biopsy, for example): Black men are more likely to get PIN than white men of the same age. Some research also suggests black men may get a larger amount of PIN at an earlier age than white men. But we don’t fully understand the reasons for this. We do know that black men are more likely to get prostate cancer than other men of the same age in the UK. In fact, one in four black men will be diagnosed with prostate cancer. But we still don’t know the reasons why. Read more in our leaflet, Prostate cancer and other prostate problems: Information for black men. There hasn’t been any research to look at how likely it is for Asian or mixed-race men to get PIN or ASAP. You won't need any treatment for PIN or ASAP, but you might need regular check-ups every few months. This is to check for any cancer cells that may have been missed by biopsy. You may have: You might also have an MRI scan to check there's no cancer in parts of the prostate that weren't looked at in your biopsy. The tests you have will depend on your own situation. Talk to your doctor or nurse if you have any questions . You can also speak to our Specialist Nurses. If you are diagnosed with cancer, it is more likely to be an early stage because you'll have had these regular check-ups. This means it can be carefully monitored or treated if necessary. If you do go on to develop prostate cancer, you won't have any more check-ups for PIN or ASAP. Updated August 2022 | Due for review November 2023 Download A-Z medical words fact sheet A type of external beam radiotherapy where the radiation beams are shaped to match the size and shape of your prostate. This can help to reduce the risk of side effects. See also external beam radiotherapy. Fact sheet –External beam radiotherapy. A drug that is used to treat an enlarged prostate by shrinking the prostate. This takes the pressure off your urethra, making it easier to urinate. Examples include finasteride (generic finasteride or Proscar®) and dutasteride (Avodart®). See also enlarged prostate and urethra. Booklet – Enlarged prostate: A guide to diagnosis and treatment. A type of hormone therapy for men with

advanced prostate cancer that has stopped responding to other types of hormone therapy. It works by stopping the production of testosterone. See also hormone therapy. Fact sheet – Treatment options after your first hormone therapy. This term can be used to describe both active surveillance and watchful waiting, which are two different ways of monitoring prostate cancer. If your doctor or nurse talks about active monitoring, ask them to explain exactly what they mean. See also active surveillance and watchful waiting. A way of monitoring slow-growing prostate cancer that hasn't spread outside the prostate (localised prostate cancer), rather than treating it straight away. You will have regular tests to check on the cancer. This means you can avoid or delay treatment and the possible side effects. If tests show the cancer may be growing, you will be offered treatment that aims to cure it. Active surveillance is not the same as watchful waiting. See also watchful waiting. Fact sheet – Active surveillance. In medicine, acute means a short-term medical condition that comes on quickly and may need urgent treatment. A cancer that develops from tissue in a gland, such as the prostate. Most prostate cancers are adenocarcinomas. See also carcinoma and gland. A treatment that is given alongside or after the main treatment to improve the effectiveness of treatment. For example, hormone therapy given after radiotherapy. See also neoadjuvant therapy. Prostate cancer that has spread from the prostate to other parts of the body, such as the bones. Cancer that has spread is said to have metastasised. It may be called metastases, mets, secondary cancers or secondaries. See also metastasis. Fact sheet – Advanced prostate cancer. A cancer that is fast-growing and likely to spread quickly. Sometimes called high-grade cancer. See also Gleason grade, Gleason score and grade group. A drug that can be used to help treat urinary problems caused by an enlarged prostate. It relaxes the muscles in the prostate and around the opening of the bladder, making it easier to urinate. Examples include tamsulosin (Flomaxtra®, Diffundox®) and alfuzosin (Xatral®, Besavar®). See also enlarged prostate. Booklet – Enlarged prostate: A guide to diagnosis and treatment. A drug used to help men to get erections. It can be used to treat erection problems after treatment for prostate cancer and can be given as an injection, pellet or cream. Booklet – Prostate cancer and your sex life. When your blood can't carry enough oxygen to meet your body's needs. Symptoms can include feeling tired or weak, being out of breath and looking pale. It can happen in some men with advanced prostate cancer. Booklet – Advanced prostate cancer: Managing symptoms and getting support. Medicine that stops you feeling anything during treatment. Local anaesthetic and spinal anaesthetic numb an area of your body. General anaesthetic sends you to sleep. A hormone, such as testosterone, that controls male characteristics such as erections and muscle strength. Androgens are produced by the testicles and the adrenal glands, which sit above the kidneys. They can cause existing prostate cancer cells to grow. See also hormone, testicles / testes and testosterone. See hormone therapy. A hormone therapy drug that stops testosterone reaching prostate cancer cells. This can slow down or stop the growth of prostate cancer. Examples include bicalutamide (Casodex®), flutamide (Drogenil®) and cyproterone acetate (Cyprostat®). Fact sheet – Hormone therapy. A drug that can help improve urinary problems such as frequency, urgency or leaking. Examples include solifenacin (Vesicare®), tolterodine (Detrusitol XL®) and oxybutynin. Fact sheet – Urinary problems after prostate cancer treatment and booklet – Enlarged prostate: A guide to diagnosis and treatment. The opening at the end of your back passage (rectum). See diagram at the top of this page. A new type of surgery to treat an enlarged prostate. A high-pressure stream of salt water is used to destroy prostate tissue. See also enlarged prostate. Booklet – Enlarged prostate: A guide to diagnosis and treatment. A small device that is placed inside the body during surgery and presses the urethra closed. It stops you from leaking urine and helps you control when you urinate. See also urethra. Fact sheet – Urinary problems after prostate cancer treatment. Changes to cells in the prostate that might be prostate cancer, but it's not clear what they are or if they are cancerous. It doesn't cause any symptoms and doesn't need treatment, but you may be more likely to get prostate cancer. It's found by looking at prostate tissue under a microscope. Fact sheet – Prostate biopsy results: PIN and ASAP. A PSA test done while your risk of getting prostate cancer is still low – for example when you are in your 40s. It doesn't aim to diagnose prostate cancer but might help work out your risk of getting prostate cancer in the future. See also prostate specific antigen (PSA) and PSA test. Booklet – Understanding the PSA test: A guide for men concerned about prostate cancer. Not cancerous. See enlarged prostate. This involves removing small samples of tissue from the prostate to be looked at under a microscope to check for cancer. A prostate biopsy may be used to help diagnose prostate cancer. See also targeted biopsy, template biopsy, transperineal biopsy and trans-rectal ultrasound (TRUS) guided biopsy. Fact sheet – How prostate cancer is diagnosed. A single sample of prostate tissue taken during a biopsy. See also biopsy. Drugs that can help strengthen bones and manage bone problems if prostate cancer has spread to the bones or you have bone

thinning (osteoporosis) caused by hormone therapy. They don't treat the cancer but may help with symptoms such as bone pain. See also osteoporosis. Fact sheet – Bisphosphonates for advanced prostate cancer. An operation to treat urinary problems caused by a narrow opening from the bladder. A few small cuts are made in the opening of the bladder to widen it and allow urine to flow out more easily. Also called a transurethral incision of the prostate (TUIP). Booklet – Enlarged prostate: A guide to diagnosis and treatment. The muscle that opens and closes the bladder. Prostate cancer treatment can sometimes damage this muscle. A technique that can help you control when you urinate. It may help if you get sudden urges to urinate and sometimes leak before reaching the toilet. Fact sheet – Urinary problems after prostate cancer treatment. A liquid medicine, such as Cystistat®, that coats and protects the lining of the bladder, making it less irritated. It can help if you have radiation cystitis that isn't getting better. See also cystitis. Fact sheet – Urinary problems after prostate cancer treatment. The soft tissue inside the bones where red blood cells, white blood cells and platelets are made. Chemotherapy affects how well bone marrow works. See also chemotherapy. Fact sheet – Chemotherapy. A scan of the body to check for any changes or damage to the bones. It may be used to find out whether prostate cancer has spread to the bones. Fact sheet – How prostate cancer is diagnosed. A type of internal radiotherapy. It involves putting a source of radiation directly inside the prostate. There are two types: permanent seed brachytherapy and high dose-rate brachytherapy. See also permanent seed brachytherapy and high dose-rate (HDR) brachytherapy. Fact sheets – Permanent seed brachytherapy and High dose-rate brachytherapy. A chemotherapy drug for men with advanced prostate cancer that has stopped responding to hormone therapy, and who have already had a drug called docetaxel (Taxotere®). You may hear it called second-line chemotherapy. See also chemotherapy and docetaxel (Taxotere®). Fact sheet – Chemotherapy. Cancer can develop when cells start to grow in an uncontrolled way. If this happens in the prostate, then prostate cancer can develop. See also carcinoma and adenocarcinoma. Cancer that starts in the surface tissues lining the inside or outside of an organ, duct or tube. Carcinomas are the most common type of cancer. Prostate cancer can be a carcinoma. See also adenocarcinoma. Prostate cancer that is growing, even though your testosterone levels are being kept low by standard hormone therapy (androgen deprivation therapy). It may respond to other types of hormone therapy, such as abiraterone and enzalutamide. It is not the same as hormone resistant or hormone refractory prostate cancer. See also hormone resistant prostate cancer / hormone refractory prostate cancer, hormone therapy and testosterone. Fact sheet – Treatment options after your first hormone therapy. A thin tube that is used to drain urine from the bladder out of the body. The catheter can be put into the bladder either through the penis (urethral catheter) or through a small cut in the abdomen (suprapubic catheter). The basic building blocks that make up every part of your body. Cells normally grow in a controlled way. If their growth becomes uncontrolled, cancer can develop. Chemotherapy uses anti-cancer drugs to kill cancer cells. It can be used to slow the growth of prostate cancer that has spread outside the prostate. Examples include docetaxel (Taxotere®) and cabazitaxel (Jevtana®). See also cabazitaxel (Jevtana®) and docetaxel (Taxotere®). Fact sheet – Chemotherapy. See positron emission tomography (PET) scan. In medicine, chronic means a long-term medical condition that lasts more than three months. The most common type of prostatitis. See also prostatitis. Booklet – Prostatitis: A guide to infection and inflammation of the prostate. A nurse who specialises in a particular medical condition or group of conditions. There should be a CNS in your multi-disciplinary team (MDT), and they may be your key worker or main contact. They can offer support and information to you and your family. See also key worker and multi-disciplinary team (MDT). A type of medical research that aims to find new and better ways of preventing, diagnosing, treating and managing illnesses. They involve people who have volunteered to take part. Fact sheet – A guide to prostate cancer clinical trials. When two types of hormone therapy (an LHRH agonist and an anti-androgen) are used together to treat prostate cancer. Also called maximal androgen blockade or complete androgen blockade. See also anti-androgen and luteinizing hormone-releasing hormone (LHRH) agonist. Booklet – Living with hormone therapy: A guide for men with prostate cancer. A therapy that can be used alongside medical treatment. Examples include acupuncture, massage, yoga, meditation, reflexology and hypnotherapy. Some people find they help them deal with cancer symptoms and side effects such as tiredness. Booklet – Living with and after prostate cancer: A guide to physical, emotional and practical issues. A doughnut shaped scanner takes a series of images of the body. A CT scan may be used to find out whether cancer has spread outside the prostate. Fact sheet – How prostate cancer is diagnosed. See castrate resistant prostate cancer (CRPC). This uses extreme cold to freeze and destroy cancer cells. It is sometimes used to treat cancer that hasn't spread outside the prostate, or has just started to break out of the prostate. Also

called cryosurgery or cryoablation. Fact sheet – Cryotherapy. A type of stereotactic radiotherapy. See also Stereotactic radiotherapy. Fact sheet – External beam radiotherapy. Inflammation of the bladder that causes a burning feeling when you urinate, difficulty urinating or a need to urinate more often. Cystitis can be caused by an infection. It can also be a side effect of radiotherapy for prostate cancer – this is called radiation cystitis. Fact sheets – External beam radiotherapy and Urinary problems after prostate cancer treatment. Anti-cancer drugs used in chemotherapy to kill cancer cells. See also chemotherapy. Fact sheet – Chemotherapy. A drug that can help manage bone thinning (osteoporosis). It might be an option if bisphosphonates aren't suitable for you. See also bisphosphonates and osteoporosis. Fact sheet – Bisphosphonates for advanced prostate cancer. This is where the doctor feels the prostate through the wall of the back passage (rectum). It is a common way of helping to diagnose a prostate problem. Fact sheet – How prostate cancer is diagnosed. The most commonly used chemotherapy drug for men with advanced prostate cancer. It is also sometimes used for men with locally advanced prostate cancer. See also chemotherapy. Fact sheet – Chemotherapy. The release of semen – the fluid that carries sperm – from the penis when you have sex or masturbate. Treatments for prostate cancer can affect ejaculation. See also seminal vesicles. Booklet – Prostate cancer and your sex life. A non-cancerous increase in the size of the prostate. It is very common in men over the age of about 50 and doesn't increase your risk of prostate cancer. Also called benign prostatic enlargement (BPE) or benign prostatic hyperplasia (BPH). Booklet – Enlarged prostate: A guide to diagnosis and treatment. A type of hormone therapy for men with advanced prostate cancer that has stopped responding to other types of hormone therapy. It works by blocking the effect of testosterone on prostate cancer cells. See also advanced prostate cancer and hormone therapy. Fact sheet – Treatment options after your first hormone therapy. Difficulty getting or keeping an erection. It can be caused by lots of things, including some treatments for prostate cancer. Also called impotence. Booklet – Prostate cancer and your sex life. This uses high-energy X-ray beams to destroy cancer cells from outside the body. It can be used to treat localised or locally advanced prostate cancer. It can also be used to slow the growth of advanced prostate cancer and to control symptoms. Fact sheets – External beam radiotherapy and Radiotherapy for advanced prostate cancer. Difficulty controlling your bowels, which causes leaking from the back passage (rectum). Also called bowel incontinence. See also faeces. Waste matter that leaves the body from the back passage (rectum). Also called stools or poo. Extreme tiredness or exhaustion which can interfere with daily life. It can be a side effect of treatments for prostate cancer, or a symptom of advanced prostate cancer itself. Fact sheet – Fatigue and prostate cancer. Small gold seeds about the size of a grain of rice. They are sometimes put inside or near the prostate before you have radiotherapy, to help the radiographer see the exact position of the prostate. An opening between two parts of the body that wouldn't normally be there. For example, a hole between the back passage and the urethra. This is rare but can be a side effect of some treatments for prostate cancer, such as cryotherapy. See also cryotherapy. Fact sheet – Cryotherapy. This is when symptoms suddenly get worse for a period of time when you first start hormone therapy with an LHRH agonist. The LHRH agonist causes the body to temporarily produce more testosterone, which can make the cancer grow more quickly for a short time. You'll be given anti-androgen tablets before and after the first injection to prevent any problems. See also anti-androgen and luteinizing hormone-releasing hormone (LHRH) agonist. Fact sheet – Hormone therapy. A test that shows whether you have a blockage or any abnormal tissue in your bladder or urethra. You may have this test if you have severe urinary symptoms, blood in your urine, pain, or if you often get urine infections. It can also be used to check if the urethra is narrow – this is called a stricture. See also enlarged prostate, stricture and urethra. Booklet – Enlarged prostate: A guide to diagnosis and treatment. Treatment that only treats the areas of the prostate where there are cancer cells, rather than treating the whole prostate. It aims to avoid damaging healthy tissue and so reduce the risk of side effects. Focal therapies are only available in specialist centres or as part of a clinical trial. See also cryotherapy and high-intensity focused ultrasound (HIFU). Fact sheets – Cryotherapy and High-intensity focused ultrasound (HIFU). The care and support you receive after you've had treatment that aimed to get rid of the cancer. It involves regular check-ups to make sure the cancer hasn't returned and to manage any side effects. Booklet – Follow-up after prostate cancer treatment: What happens next? The name for one session in a course of radiotherapy. See also external beam radiotherapy. Fact sheet – External beam radiotherapy. The biological instructions we inherit from our parents. Genes tell your cells how to behave and control how your body grows and works. If something goes wrong with one or more genes (known as a fault or mutation) it can sometimes cause cancer. Researchers are looking at the role of genes in the development of prostate cancer. Booklet – Know

your prostate: A guide to common prostate problems. An organ that makes and releases a substance to help the body work properly. The prostate is a gland that produces some of the fluid in semen. See also prostate gland. When prostate cells are seen under a microscope, they 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. It shows how aggressive the cancer is – in other words, how likely it is to grow and spread. If you have prostate cancer, you will have Gleason grades of 3, 4 or 5. Fact sheet – How prostate cancer is diagnosed. There may be more than one grade of cancer in the biopsy samples. An 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 the Gleason score. If you have prostate cancer, your Gleason score will be between 6 (3 + 3) and 10 (5 + 5). See also Gleason grade and grade group. Fact sheet – How prostate cancer is diagnosed. See luteinizing hormone-releasing hormone (LHRH) agonist. An antagonist blocks and prevents other chemicals from having their usual effect. A GnRH antagonist is a type of hormone therapy that blocks the message from the brain that tells the testicles to make testosterone. It is given by injection. There is only one GnRH antagonist available in the UK, called degarelix (Firmagon®). Also called GnRH blockers or LHRH antagonists. Fact sheet – Hormone therapy. A system for showing how aggressive your prostate cancer is likely to be. Your grade group will be a number between 1 and 5. The higher your grade group, the more aggressive the cancer and the more likely it is to grow and spread. Fact sheet – How prostate cancer is diagnosed. A type of surgery to treat an enlarged prostate. A high-energy laser heats up and destroys the prostate tissue that is blocking the urethra. Also called photo-selective vaporisation of the prostate (PVP), GreenLight XPS™, or laser prostatectomy. See also enlarged prostate. Booklet – Enlarged prostate: A guide to diagnosis and treatment. Swelling of the breast area in men. This can be a side effect of some types of hormone therapy. Booklet – Living with hormone therapy: A guide for men with prostate cancer. A type of internal radiotherapy. A source of radiation is passed down thin, hollow needles into the prostate to destroy cancer cells. The source of radiation is removed after a few minutes. It's most often used together with external beam radiotherapy to treat men with localised prostate cancer. Also known as temporary brachytherapy. Fact sheet – High dose-rate brachytherapy. See prostatic intraepithelial neoplasia (PIN). A treatment that uses high-frequency ultrasound energy to heat and destroy cancer cells. It's only available in specialist centres in the UK or as part of a clinical trial. Fact sheet – High-intensity focused ultrasound (HIFU). See risk group. A type of surgery to treat an enlarged prostate. A laser is used to remove parts of the prostate that are blocking the urethra. See also enlarged prostate. Booklet – Enlarged prostate: A guide to diagnosis and treatment. A substance that controls some of the body's functions. The hormone testosterone can make prostate cancer cells grow more quickly. See also androgen and testosterone. Prostate cancer that is no longer responding to any type of hormone therapy, including abiraterone and enzalutamide. Hormone resistant prostate cancer is not the same as castrate resistant prostate cancer. See also castrate resistant prostate cancer (CRPC) and hormone therapy. Fact sheet – Treatment options after your first hormone therapy. A treatment that works by either stopping the body from making testosterone, or stopping testosterone from reaching the cancer cells. Prostate cancer cells usually need testosterone to grow. Hormone therapy won't cure prostate cancer but it can keep it under control. It can also be used alongside other treatments to help make them more effective. It can be given by injection, implants, tablets or surgery. See also testosterone. Fact sheet – Hormone therapy and booklet – Living with hormone therapy: A guide for men with prostate cancer. Hospices provide a range of services for men with advanced prostate cancer and their families. They can provide treatment to manage symptoms as well as emotional, spiritual, psychological and practical support. Hospices can provide care at home, day care, a short stay to help get symptoms under control, or care during the final stages of illness. See also palliative care. Booklet – Advanced prostate cancer: Managing symptoms and getting support. Find out more about what you can expect if you're approaching the end of your life. A sudden feeling of being hot. Hot flushes are a common side effect of hormone therapy. They are similar to the hot flushes women get during the menopause. They can vary from a few seconds of feeling very hot to hours of sweating. Booklet – Living with hormone therapy: A guide for men with prostate cancer. A high level of calcium in your blood. Cancer can cause calcium to leak from the bones into the blood. It can sometimes happen in men with advanced prostate cancer. Fact sheet – Bisphosphonates for advanced prostate cancer and booklet – Advanced prostate cancer: Managing symptoms and getting support. This is part of all radiotherapy treatments. The radiographer takes an X-ray or scan just before treatment to find out the exact position, size and shape of the prostate. This helps to make the treatment as accurate as

possible. And at some hospitals, small gold seeds (fiducial markers) are placed in or near the prostate to help the radiographer see the exact position of the prostate. See also fiducial markers and radiographer. Fact sheet – External beam radiotherapy. A type of treatment that uses the body's own immune system to fight the cancer. It's currently only available as part of a clinical trial. See also clinical trial. See erectile dysfunction (ED). See faecal incontinence and urinary incontinence. A common type of external beam radiotherapy. A computer uses scans of your body to map the shape, size and location of your prostate. Radiation beams are delivered so that different areas get a different dose. The aim is to give a higher dose of radiation to the prostate without causing too much damage to surrounding healthy tissue. This helps to reduce the risk of side effects. See also 3D conformal radiotherapy and external beam radiotherapy. Fact sheet – External beam radiotherapy. See risk group. Stopping hormone therapy when your PSA level is low and steady, and starting it again when your PSA starts to rise. This may give you a break from the side effects of hormone therapy. Booklet – Living with hormone therapy: A guide for men with prostate cancer. A small piece of material that presses gently on your urethra and supports the urinary sphincter to keep it closed. It can help to reduce the amount of urine you leak and keep you dryer for longer. See also urethra and urinary sphincter. Fact sheet – Urinary problems after prostate cancer treatment. Your main point of contact. This could be your clinical nurse specialist (CNS) or another health professional. They will help to coordinate your care, guide you to the right team member, and help you get information. See also clinical nurse specialist (CNS). See laparoscopic prostatectomy. Surgery to remove the prostate through several small cuts in the abdomen (stomach area). It can be carried out by hand or robot-assisted. Also called keyhole surgery. See also radical prostatectomy and robot-assisted prostatectomy. Fact sheet – Surgery: radical prostatectomy. Your desire for sex. Hormone therapy can reduce your libido. See also hormone therapy. Booklet – Prostate cancer and your sex life. A system used to report the results of a multi-parametric MRI scan. The images of your prostate are given a score from 1 to 5 – you may hear this called your Likert score. It tells your doctor how likely it is that you have cancer inside your prostate. Some hospitals use a slightly different system called PI-RADS. See also multi-parametric magnetic resonance imaging (mpMRI) scan and Prostate Imaging – Reporting and Data System (PI-RADS). Fact sheet – How prostate cancer is diagnosed. Cancer that's inside the prostate and hasn't spread to other parts of the body. Also called early or organ-confined prostate cancer. Fact sheet – Localised prostate cancer. Cancer that's started to break out of the prostate or has spread to the area just outside it. This might include the seminal vesicles, bladder, back passage or lymph nodes near the prostate. See also lymph nodes and seminal vesicles. Fact sheet – Locally advanced prostate cancer. Problems affecting the lower urinary tract, which includes the bladder, prostate and urethra. Symptoms can include difficulty urinating, leaking urine, needing to urinate frequently or urgently, and needing to urinate during the night. LUTS are common in older men and have several possible causes, including a prostate problem. See also nocturia, urgency, urinary frequency and urinary incontinence. Booklet – Know your prostate: A guide to common prostate problems. See risk group. An agonist is a drug that attaches to cells and causes a particular response inside the cell. An LHRH agonist is a type of hormone therapy that stops the testicles from making testosterone. They are given by injection or an implant. Examples include goserelin (Zoladex®) and leuprorelin acetate (Prostap® or Lutrate®). Also called GnRH agonists. See also hormone therapy and testosterone. Fact sheet – Hormone therapy. See gonadotrophin-releasing hormone (GnRH) antagonist. See lower urinary tract symptoms (LUTS). Small bean-shaped glands that are part of the lymphatic system. They are clustered in various places around the body. The lymph nodes near the prostate are a common place for prostate cancer to spread to. Sometimes called lymph glands. See also lymphatic system. This is part of the body's immune system and helps the body fight infection. It is made up of lymph nodes and lymphatic vessels which carry a fluid called lymph around the body. See also lymph nodes. A build-up of fluid in the body's tissues that can happen if the lymphatic system is blocked or damaged. It can be caused by the cancer itself or by some treatments for prostate cancer, for example surgery or radiotherapy. See also lymphatic system. Booklet – Advanced prostate cancer: Managing symptoms and getting support. A scan that uses magnets to create a detailed picture of the prostate and the surrounding tissues. See also multi-parametric magnetic resonance imaging (mpMRI) scan. Fact sheet – How prostate cancer is diagnosed. A tumour that is cancerous and could spread. See also tumour. See combined androgen blockade. The process of cancer spreading from the original tumour to other parts of the body and becoming advanced. See also advanced prostate cancer. A condition that can happen when cancer cells grow in or near to the spine and press on the spinal cord. It isn't common but needs urgent medical attention, as it can cause paralysis if left untreated.

Symptoms can include pain in your back or neck, and numbness or tingling that doesn't go away. Fact sheet – Metastatic spinal cord compression (MSCC). The team of health professionals involved in your care. Your MDT may include a clinical nurse specialist, oncologist, urologist, radiologist, pathologist and radiographer. It may also include other health professionals, such as a dietitian, physiotherapist or palliative care doctor or nurse. See also clinical nurse specialist (CNS), oncologist, palliative care, pathologist, radiographer, radiologist and urologist. A special type of scan that creates more detailed pictures of your prostate than a standard MRI scan. These images can help your doctor see if there's any cancer inside your prostate. See also magnetic resonance imaging (MRI) scan. Fact sheet – How prostate cancer is diagnosed. The lowest your PSA level drops to after treatment. See also prostate specific antigen (PSA). Booklet – Follow-up after prostate cancer treatment: What happens next? A treatment you might have before you start your main treatment, to help make the main treatment more successful. For example, hormone therapy before brachytherapy or before external beam radiotherapy. See also adjuvant therapy. A type of surgery to remove the prostate that aims to avoid damaging the nerves around the prostate that help you get erections. Fact sheet – Surgery: radical prostatectomy. The need to urinate during the night. This can be a symptom of a prostate problem such as an enlarged prostate or a side effect of some treatments for prostate cancer. See also enlarged prostate. Fact sheet - Urinary problems after prostate cancer treatment and booklet - Know your prostate: A guide to common prostate problems. A female sex hormone that can be used as a type of hormone therapy for advanced prostate cancer that is no longer responding to other types of hormone therapy. It can be given as a tablet called diethylstilbestrol (Stilboestrol®) or through a patch that sticks to your skin like a plaster. Fact sheet – Treatment options after your first hormone therapy. A doctor who specialises in cancer treatments other than surgery, such as radiotherapy or chemotherapy. There will usually be an oncologist in your multi-disciplinary team. See also multi-disciplinary team (MDT). The diagnosis and treatment of cancer. Surgery to remove the prostate through a single cut in your lower abdomen (lower stomach area), below the belly button. See also radical prostatectomy. Fact sheet – Surgery: radical prostatectomy. An operation to remove the testicles, or the parts of the testicles that make testosterone. It is a type of hormone therapy and can be used to treat prostate cancer. Also called orchiectomy. See also hormone therapy and testosterone. Fact sheet – Hormone therapy. A condition where bones become weaker, increasing the risk of broken bones. It can have many causes. It can be a side effect of some types of hormone therapy. Also called bone thinning. See also hormone therapy. Booklet – Living with hormone therapy: A guide for men with prostate cancer. A test to measure how much urine is leaking if you have urinary incontinence. You will wear an incontinence pad for a certain amount of time. The pad is then weighed to work out how much urine has leaked. See also enlarged prostate and urinary incontinence. Booklet – Enlarged prostate: A guide to diagnosis and treatment. This aims to control pain and relieve any other symptoms. It also provides emotional, physical, practical and spiritual support to men and their families. Palliative care isn't just for men in the final stages of life. Men with advanced prostate cancer may have palliative care for many months or years. Also called symptom control or supportive care. See also advanced prostate cancer. Booklet – Advanced prostate cancer: Managing symptoms and getting support. Radiotherapy given to relieve pain and other symptoms in men with advanced prostate cancer. It won't get rid of the cancer, but it can help control symptoms by slowing down the growth of the cancer in areas where the cancer has spread. Fact sheet – Radiotherapy for advanced prostate cancer. A doctor who specialises in studying cells and tissues under a microscope to identify diseases. A pathologist examines prostate biopsy samples to see if there is any cancer in your prostate. There will usually be a pathologist in your multi-disciplinary team. See also multi-disciplinary team (MDT). The muscles that stretch from the pubic bone at the front of your body, underneath your bladder and bowel, to the bottom of your spine. They act as a sling, supporting the bladder and bowel and helping to control when you urinate or empty your bowels. See diagram at the top of this page. Fact sheet – Pelvic floor muscle exercises. Exercises that strengthen the pelvic floor muscles and can help men with urinary or bowel incontinence after treatment for prostate cancer. They may also help with erection problems after prostate cancer treatment. Fact sheet – Pelvic floor muscle exercises. Side effects such as bowel, urinary and sexual problems caused when radiotherapy damages healthy tissue near the prostate, in the pelvic area. Fact sheet – External beam radiotherapy. The area of the body between the hip bones where pelvic organs, such as the prostate, bladder and back passage (rectum), are found. A clamp that fits onto the penis and squeezes it, closing the urethra so that no urine can leak out. Also called a penile compression device. Fact sheet – Urinary problems after prostate cancer treatment. Treatment for erection problems, which can be a side effect of treatment for prostate cancer. It encourages blood flow to the penis, which can help keep the tissue

in the penis healthy by giving it a good supply of oxygen. You can often start treatment soon after surgery, which may include tablets and a vacuum pump. See also vacuum pump. Booklet – Prostate cancer and your sex life. The area between the testicles and the back passage (rectum). See diagram at the top of this page. A type of internal radiotherapy. Tiny radioactive seeds are put into the prostate where they give off radiation that destroys prostate cancer cells. It may be suitable for men whose cancer hasn't spread outside the prostate (localised prostate cancer). Fact sheet – Permanent seed brachytherapy. A group of medicines that can help men to get erections. They can help some men with erection problems after prostate cancer treatment. Examples include sildenafil (generic or Viagra®), tadalafil (generic or Cialis®) and vardenafil (Levitra®). They can also be used to treat symptoms of an enlarged prostate. Booklets – Prostate cancer and your sex life and Enlarged prostate: A guide to diagnosis and treatment. See Prostate Imaging – Reporting and Data System (PI-RADS). A scan that can check if cancer has spread to the bone, lymph nodes and other tissues. It's normally used to see if your cancer has come back after treatment, rather than when you are first diagnosed. There are two main types – choline PET and PSMA (prostate specific membrane antigen) PET. Booklet – Follow-up after prostate cancer treatment: What happens next? Inflammation of the lining of the back passage. This can be caused by radiotherapy to the prostate and may lead to bleeding from the back passage, difficulty emptying the bowels, or a feeling of needing to empty the bowels but not being able to. It can start during or shortly after radiotherapy and usually settles down a few weeks after finishing treatment. For some men, side effects can last longer. Fact sheet – External beam radiotherapy. An estimate of how prostate cancer will affect you, including whether it may affect how long you live (your life expectancy). It is sometimes called your outlook. No one can tell you exactly what your prognosis will be, as every cancer is different and will affect each man differently. Booklet – Prostate cancer: A guide for men who've just been diagnosed. A minimally invasive treatment for an enlarged prostate. Chemicals are injected into the blood vessels that supply the prostate, blocking the blood supply and causing the prostate tissue to shrink. See also enlarged prostate. The prostate's main job is to help make semen – the fluid that carries sperm. It sits underneath the bladder and surrounds the urethra, which is the tube that carries urine (wee) out of the body. Men, trans women, non-binary people who were assigned male at birth, and some intersex people have a prostate. See diagram at the top of this page. Booklet – Know your prostate: A guide to common prostate problems. A system used to report the results of a multi-parametric MRI scan. The images of your prostate are given a score from 1 to 5. You may hear this called your PI-RADS score. It tells your doctor how likely it is that you have cancer inside your prostate. Some hospitals use a slightly different system called the Likert scoring system. See also Likert scoring system and multi-parametric magnetic resonance imaging (mpMRI) scan. Fact sheet – How prostate cancer is diagnosed. A protein produced by normal cells in the prostate and also by prostate cancer cells. It's normal for men to have a small amount of PSA in their blood. A raised PSA level can be caused by a number of things including a urine infection, an enlarged prostate and prostate cancer. Booklet – Understanding the PSA test: A guide for men concerned about prostate cancer. See radical prostatectomy. Changes to cells in the prostate. The cells may grow in a different way to normal prostate cells. These changes can only be seen under a microscope. PIN is not prostate cancer, but men with PIN may be more likely to get prostate cancer. Also known as high-grade PIN. Fact sheet – Prostate biopsy results: PIN and ASAP. A new type of surgery for an enlarged prostate that involves putting small implants into the prostate. The implants pull the excess prostate tissue away from the urethra so that urine can flow more easily. This can help to improve symptoms without actually removing any tissue. See also enlarged prostate. Booklet – Enlarged prostate: A guide to diagnosis and treatment. An infection or inflammation of the prostate. It's a common condition that can affect men of any age, but it's most common in men aged between 30 and 50. Prostatitis can cause a wide range of symptoms, which vary from man to man. Common symptoms include aching in and around your testicles, back passage or the tip of your penis, pain in your lower abdomen (stomach area), groin or back, and urinary problems. Booklet – Prostatitis: A guide to infection and inflammation of the prostate. When your PSA level rises after radiotherapy or brachytherapy and then falls again. It's normal, and doesn't mean that the cancer has come back. See also prostate specific antigen (PSA). Fact sheet – External beam radiotherapy and booklet – Follow-up after prostate cancer treatment: What happens next? The measurement of your PSA level in relation to the volume of your prostate. Your PSA density is worked out by dividing your PSA level by the volume (size) of your prostate. See also prostate gland and prostate specific antigen (PSA). The time it takes for your PSA level to double. Your doctor may use this to help monitor your prostate cancer. It can suggest how quickly your prostate cancer is growing. See also prostate specific antigen (PSA). A test that measures the amount of prostate specific

antigen (PSA) in the blood. It can be used alongside other tests to help diagnose prostate problems, monitor prostate cancer and check how well treatment is working. See also prostate specific antigen (PSA). Booklet – Understanding the PSA test: A guide for men concerned about prostate cancer. The rate at which your PSA level rises over time. This can suggest how quickly your prostate cancer is growing. See also prostate specific antigen (PSA). See positron emission tomography (PET) scan. See sex therapist. See cystitis. See proctitis. Surgery to remove the prostate and the cancer cells inside it. The seminal vesicles are also removed. It may be an option for men with localised or locally advanced prostate cancer. See also laparoscopic prostatectomy, open radical prostatectomy, robot-assisted prostatectomy and seminal vesicles. Fact sheet – Surgery: radical prostatectomy. A health professional who takes scans or gives radiotherapy. Diagnostic radiographers take scans to help diagnose cancer or to check how well treatment has worked. Therapeutic radiographers plan and deliver radiotherapy to treat cancer. They also check how well the treatment has worked and do follow-up checks. There may be a radiographer in your multi-disciplinary team. See also multi-disciplinary team (MDT) and radiotherapy A doctor who specialises in diagnosing medical conditions using X-rays and scans. There will usually be a radiologist in your multi-disciplinary team. See also multi-disciplinary team (MDT). The use of radiation to destroy cancer cells. It can be placed inside the body (internal) or directed at the prostate from outside the body (external). There are different types of radiotherapy, including external beam radiotherapy, brachytherapy and radium-223 (Xofigo®). See also external beam radiotherapy, high dose-rate (HDR) brachytherapy, permanent seed brachytherapy, and radium-223 (Xofigo®). Fact sheets – External beam radiotherapy, Permanent seed brachytherapy, High dose-rate brachytherapy and Radiotherapy for advanced prostate cancer. A type of internal radiotherapy for men with prostate cancer that has spread to the bones and is causing pain. It will only be an option if the cancer has stopped responding to hormone therapy. It travels around the body in the blood and collects in bones that have been damaged by the cancer. It can help to relieve bone pain and helps some men to live longer. Fact sheet – Radiotherapy for advanced prostate cancer. A gel or balloon placed between the prostate and your back passage to help protect the inside of your back passage if you’re having radiotherapy. It reduces the amount of radiation that reaches the back passage, which may lower your risk of bowel problems during or after treatment. The last part of the bowel before the anus. Also called the back passage. See diagram at the top of this page. Prostate cancer that has come back after treatment that aimed to get rid of it. Booklet – If your prostate cancer comes back: A guide to treatment and support. Someone who has had cancer is in remission when tests no longer show any signs of the cancer. Where semen travels backwards into the bladder when you orgasm, rather than out through your penis. The semen is then passed out of the body when you next urinate. It isn’t harmful and shouldn’t affect your enjoyment of sex, but it may feel different to the orgasms you’re used to. It can happen if you have radiotherapy to the prostate or an operation called a transurethral resection of the prostate (TURP). See also transurethral resection of the prostate (TURP). Booklet – Prostate cancer and your sex life. See transurethral water vapour therapy. Something that may make a person more likely to develop a disease. For example, the risk of getting prostate cancer increases with age, so age is a risk factor for prostate cancer. This shows how likely your prostate cancer is to spread outside the prostate or come back after treatment. Your cancer may be low, intermediate or high-risk. Your risk group will affect the treatment options that are suitable for you. Keyhole surgery (laparoscopic prostatectomy) which is carried out using surgical tools on robotic arms. The surgeon controls the surgical tools from a computer console in the operating room. You may hear the equipment called ‘the da Vinci® Robot’. See also laparoscopic prostatectomy and radical prostatectomy. Fact sheet – Surgery: radical prostatectomy. A treatment that treats cancer that has come back after treatment that aimed to get rid of it. Booklet – If your prostate cancer comes back: A guide to treatment and support. Screening programmes aim to spot the early signs of cancers in people who don’t have any symptoms. By finding cancer early, it could be treated in time to cure it. There is currently no screening programme for prostate cancer in the UK. But the Prostate Cancer Risk Management Programme gives men over 50 who want a PSA test the right to have one on the NHS – as long as they’ve been given information about the pros and cons. Booklet – Understanding the PSA test: A guide for men concerned about prostate cancer. The pouch of skin that contains the testicles. See diagram at the top of this page. See metastasis. Being actively involved in looking after your own health. Examples include changing your diet and taking regular exercise, which may help manage the impact of prostate cancer and its treatment. Fact sheet – Diet and physical activity for men with prostate cancer and booklet – Living with and after prostate cancer: A guide to physical, emotional and practical issues. Our online 'How to manage' guides can help you learn new ways to manage symptoms and side effects. Two glands

situated behind the prostate and bladder that produce some of the fluid in semen. See diagram at the top of this page. An expert with specialist training in the causes and treatment of sexual problems. They offer counselling sessions where you can talk about any sexual or emotional issues that might be affecting your sex life. Sometimes also called psychosexual therapists or psychosexual counsellors. Booklet – Prostate cancer and your sex life. A type of surgery for an enlarged prostate. The inner part of the prostate is removed, usually through a cut in the abdomen (stomach area). It is not the same as a radical prostatectomy and isn't used to treat prostate cancer. See also enlarged prostate and radical prostatectomy. Booklet – Enlarged prostate: A guide to diagnosis and treatment. See multi-disciplinary team (MDT). See metastatic spinal cord compression (MSCC). A way of describing how far cancer has spread. The most common method used to stage prostate cancer is the TNM (Tumour-Nodes-Metastases) system. Fact sheet – How prostate cancer is diagnosed. A small device placed inside the narrow part of the urethra (prostate stent) or inside the tubes that carry urine from the kidneys to the bladder (ureteral stent) to improve the flow of urine. It's not common, but it might be an option for men with severe urinary symptoms who are unable to have surgery, or men who have problems draining urine from the kidneys. See also urethra. Booklet – Advanced prostate cancer: Managing symptoms and getting support. Also known as stereotactic ablative radiotherapy (SABR). A very precise type of radiotherapy that delivers a high dose of radiation to the cancer itself, while the surrounding tissue gets less. Fact sheet – External beam radiotherapy. A type of drug that can be used alone or alongside other treatments such as chemotherapy. They can help to control prostate cancer when hormone therapy is no longer working well. They can also improve your appetite, give you more energy, and help with symptoms such as pain. Steroids can be given as tablets or injections. Fact sheets – Managing pain in advanced prostate cancer, Treatment options after your first hormone therapy and Chemotherapy. A narrowing of a tube in the body. A stricture in your urethra can be caused by some treatments for prostate cancer, such as brachytherapy. It can cause problems urinating. See also urethra. When you have fewer follow-up appointments and take greater control of your own health and wellbeing. Self-management may help avoid unnecessary hospital appointments when you feel well, letting you speak to your doctor or nurse over the telephone instead. The edges of the prostate tissue removed during surgery for prostate cancer. A positive surgical margin suggests that some cancer cells may have been left behind, and you may need further treatment. A negative or clear surgical margin suggests all cancer was removed. See also radical prostatectomy. Fact sheet – Surgery: radical prostatectomy. This is where the doctor takes a few tissue samples from areas of the prostate that look unusual on MRI scan images, rather than taking samples from the whole prostate. See also biopsy, transperineal biopsy and trans-rectal ultrasound (TRUS) guided biopsy. Fact sheet – How prostate cancer is diagnosed. This is where the doctor places a grid (template) over the area of skin between the testicles and back passage (perineum). A needle is inserted through the holes in the grid to remove samples of prostate tissue. The tissue is then checked for signs of cancer. See also biopsy, targeted biopsy and transperineal biopsy. Fact sheet – How prostate cancer is diagnosed. See high dose-rate (HDR) brachytherapy. Part of a man's reproductive system. They are contained in the scrotum and produce testosterone and sperm. See diagram at the top of this page. A sex hormone that controls the development and growth of the male sexual organs, including the prostate, penis and testicles. It also controls male characteristics such as erections and muscle strength, and can affect the way you think and feel. Most testosterone is made by the testicles. Testosterone can make prostate cancer cells grow faster. See also androgen and hormone. Booklet – Living with hormone therapy: A guide for men with prostate cancer. A group of cells that do a specific job in the body. For example, the prostate is made up of prostate tissue. This is where the doctor inserts a needle through the skin between the testicles and the back passage (perineum) to remove samples of prostate tissue. The tissue is then checked for signs of cancer. There are two main types of transperineal biopsy – targeted and template. See also biopsy, targeted biopsy, and template biopsy. Fact sheet – How prostate cancer is diagnosed. This is where the doctor inserts a needle into the prostate through the back passage to remove samples of prostate tissue. The tissue is then checked for signs of cancer. They may do a systematic biopsy, where they take around 10-12 samples of tissue from across the whole prostate. Or they may do a targeted biopsy, where they just take a few samples from areas that look unusual on MRI scan images. See also biopsy and targeted biopsy. Fact sheet – How prostate cancer is diagnosed. See bladder neck incision. Surgery to remove the parts of the prostate that have grown too large and are pressing on the urethra. It is the most common type of surgery for an enlarged prostate. See also enlarged prostate. Booklet – Enlarged prostate: A guide to diagnosis and treatment. A type of surgery to treat an enlarged prostate. Parts of the prostate are destroyed with heat rather than being

cut away. See also enlarged prostate. Booklet – Enlarged prostate: A guide to diagnosis and treatment. A new type of surgery to treat an enlarged prostate that uses steam to damage prostate tissue. Also called steam ablation or Rez■m®. See also enlarged prostate. Booklet – Enlarged prostate: A guide to diagnosis and treatment. A growth of cells that isn't normal. Tumours can be non-cancerous (benign) or cancerous (malignant). See also benign and malignant. The tube that carries urine from the bladder, and semen from the reproductive system, through the penis and out of the body. See diagram at the top of this page. A sudden and immediate need to urinate, which can be a symptom of a prostate problem or a side effect of some prostate cancer treatments. Or an urgent need to open the bowels, which can be a side effect of radiotherapy. The need to urinate more often than usual. This can be a symptom of a prostate problem or a side effect of treatment for prostate cancer. Leaking urine. This can range from leaking a few drops of urine when you cough or sneeze (stress incontinence) to leaking larger amounts or having no control over when you urinate. It can be a side effect of treatment for prostate cancer. Fact sheet – Urinary problems after prostate cancer treatment. The circular muscle that surrounds your urethra and sits under the prostate. It helps to control the flow of urine from your bladder. Difficulty emptying the bladder. It can be a symptom of a prostate problem, or a side effect of treatments for prostate cancer such as surgery. Urine retention can be acute, where you suddenly and painfully can't urinate at all. Or it can be chronic, which usually develops slowly over time. Fact sheet – Urinary problems after prostate cancer treatment and booklet – Enlarged prostate: A guide to diagnosis and treatment. A test to measure how well the bladder is working. It's sometimes used to help diagnose an enlarged prostate and to decide what treatment to use. See also enlarged prostate. Booklet – Enlarged prostate: A guide to diagnosis and treatment. A surgeon who specialises in treating problems with the urinary and reproductive systems, which includes the prostate. Urologists can carry out biopsies and radical prostatectomies. There will be a urologist in your multi-disciplinary team. See also biopsy, multi-disciplinary team (MDT) and radical prostatectomy. The treatment of diseases of the urinary system, including prostate cancer. The diagnosis and treatment of cancers of the urinary system, including prostate cancer. A pump that can help men get an erection. It can be used to treat erection problems and keep the tissue in the penis healthy after treatment for prostate cancer. See also erectile dysfunction (ED) and penile rehabilitation. Booklet – Prostate cancer and your sex life. A way of monitoring prostate cancer that isn't causing any symptoms or problems. The aim is to avoid treatment unless symptoms develop. If symptoms do develop, you'll be offered treatment to control the cancer, rather than cure it. Watchful waiting may be suitable for men with other health problems, or whose cancer is unlikely to cause problems during their lifetime. Watchful waiting is not the same as active surveillance. See also active surveillance. Fact sheet – Watchful waiting. Updated: July 2019 | To be reviewed: July 2022

Subheading 2

This is some more text for the second page.