

# My Beautiful PDF Document

## Subheading 1

Consultant urologist, Jonathan Aning, talks you through what prostate cancer is, the main types, risk factors, stages and common treatments available to you. Prostate cancer starts in the cells of the prostate. The prostate is a small gland that is just below the bladder and in front of the rectum (back passage). Prostate cancer is a common cancer. In the UK about 48,600 men are diagnosed with it each year. Prostate cancer is more common over the age of 65. It can happen at a younger age but it is uncommon under 50. You have a higher risk of prostate cancer at a younger age if you are Black or have a strong family history of prostate cancer. There are different types of prostate cancer. If you are a trans woman or are non-binary assigned male at birth, you also need to be aware of prostate cancer. Prostate cancer symptoms only happen when the cancer is large enough to press on the tube that carries the urine from the bladder (urethra). If the cancer is in the early stage it may not cause any symptoms. The prostate gland can also become enlarged due to a prostate condition called benign prostatic hyperplasia (BPH), which is non-cancerous. The symptoms of benign (non-cancerous) prostate conditions and prostate cancer are similar. They can include: If you have any of these symptoms, it is important to have them checked by your doctor. Your GP can do tests (see Diagnosis of prostate cancer below) to find out if you need a referral to a specialist doctor. If prostate cancer spreads, it usually goes to the bones. It may cause pain in the bones, such as in the back. This is called advanced prostate cancer (or metastatic prostate cancer). Certain things called risk factors may increase the risk of developing prostate cancer. If you are black, you have a much higher risk of developing prostate cancer. You are also more likely to develop it at a younger age. Having a strong family history of prostate cancer is also a risk factor. We have more information about the risk factors of prostate cancer. Related stories and media You usually start by seeing your GP to have your symptoms checked. Your GP usually arranges some tests. The first tests used to diagnose prostate cancer are: If your PSA level is raised or your rectal examination is unusual your GP refers you to a specialist doctor (urologist). Your GP may test your PSA level again if it is raised but your prostate feels normal. A specialist doctor or nurse asks about your symptoms and any other medical conditions. They check if you have any risk factors for prostate cancer. The doctor may do another rectal examination and arrange another PSA test. They will talk to you about further tests you may have. These may include: Whether you have any further tests will depend on the risk of the cancer growing quickly. Doctors work out your risk by looking at the PSA level, the stage, and the grade of the cancer. To help diagnose or stage prostate cancer, you may have staging tests: Related stories and media Knowing the stage, grade and risk group of the cancer helps you and your doctor to decide on the best treatment for you. The stage of prostate cancer describes its size and how far it has spread, based on your test results. Doctors often use the TNM staging system or a number staging system. Your doctor decides the grade by how the prostate cancer cells (from your biopsy) look under the microscope. This tells them how quickly the cancer might grow or spread. Doctors use a combination of 2 systems to grade prostate cancer: Prostate cancer is also divided into risk groups. Your treatment options will depend on the risk group the cancer is in. Your doctor looks at the stage of the cancer, your PSA level and your Gleason score to work out the risk group. They use a system called the Cambridge Prognostic Group (CPG). It divides prostate cancer risk into 5 different groups. A team of specialists meet to discuss the best possible treatment for you. This is called a multidisciplinary team (MDT). There are different treatments. Your treatment will depend on: Your doctor and nurse will talk to you about the different things to think about when making treatment decisions. They will explain the different benefits and disadvantages of each treatment. You and your doctor can then decide on the best treatment for you. Treatment for early or locally advanced prostate cancer may include one or more of the following: Advanced (metastatic) prostate cancer is usually treated with hormonal therapy and chemotherapy. We have more information about prostate cancer treatments, including treatment options for early prostate cancer and locally advanced prostate cancer. You will have regular follow-up appointments after treatment for prostate cancer. You may get anxious between appointments. This is natural. It may help to get support from family, friends or a support organisation such as Prostate Cancer UK. Macmillan is

also here to support you. If you would like to talk, you can: Prostate cancer treatments can affect your sex life. They can reduce your sex drive (libido) and cause difficulties getting an erection. This is called erectile dysfunction or ED. This may be very worrying for you. There are different treatments and support available to improve sexual difficulties. Talk to your doctor or nurse about sexual difficulties or concerns. They will be used to talking about these issues. You may want to involve a partner in these discussions. Prostate cancer treatments can affect your fertility. If this is a concern for you, talk to your doctor or nurse. You may be able to store sperm before treatment starts. Even if you already have a healthy lifestyle, you may choose to make some positive lifestyle changes after treatment. Small changes to the way you live such as eating well and keeping active can improve your health and well-being and help your body recover. We are committed to making our website as accessible as possible, to make sure that everyone can use it. For braille and large print on request, please email [cancerinformationteam@macmillan.org.uk](mailto:cancerinformationteam@macmillan.org.uk). We want everyone affected by cancer to feel our information is written for them. We try to make sure our information is as clear as possible. We use plain English, avoid jargon, explain any medical words, use illustrations to explain text, and make sure important points are highlighted clearly. We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected. Our aims are for our information to be as clear and relevant as possible for everyone. You can read more about how we produce our information here. Macmillan Support Line. The Macmillan Support Line offers confidential support to people living with cancer and their loved ones. If you need to talk, we'll listen. © Macmillan Cancer Support 2023 © Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). Also operating in Northern Ireland. A company limited by guarantee, registered in England and Wales company number 2400969. Isle of Man company number 4694F. Registered office: 89 Albert Embankment, London SE1 7UQ. VAT no: 668265007 Our website uses cookies to improve your online experience and to help us reach our goal of supporting people with cancer. We use essential cookies to understand how you use our website and to make it work for you. We also work with digital partners to improve your online experience, to show you advertising, social media features and website content tailored to your interests. If you would rather not receive cookies, please click on the 'let me choose my cookies' button. Find out more about our use of cookies

Consultant urologist, Jonathan Aning, talks you through what prostate cancer is, the main types, risk factors, stages and common treatments available to you. Prostate cancer starts in the cells of the prostate. The prostate is a small gland that is just below the bladder and in front of the rectum (back passage). Early-stage prostate cancer is when the cancer cells are only inside the prostate. The cancer has not spread through the capsule that surrounds the prostate. It may also be called localised prostate cancer. Your test results help tell your doctor the stage of the cancer and if it is early prostate cancer. Prostate cancer may be early, locally-advanced or advanced (metastatic). Prostate cancer is the most common cancer in men in the UK. It is more common over the age of 65. It can happen at a younger age but is uncommon under 50. If you are a trans woman or are non-binary assigned male at birth, you also need to be aware of prostate cancer. Related stories and media Early prostate cancer may not cause any symptoms. Symptoms only happen when the cancer is large enough to press on the tube that carries the urine from the bladder (urethra). Some prostate cancers grow very slowly. Symptoms may not develop for many years. The prostate can also become enlarged due to a non-cancerous condition called benign prostatic hyperplasia (BPH). The symptoms of benign (non-cancerous) prostate conditions and prostate cancer are similar. They can include: If you have any of these symptoms, it is important to have them checked by your doctor. Your GP can do some tests to find out if you need a referral to a specialist doctor. Certain things called risk factors may increase the risk of developing prostate cancer. If you are Black, you have a much higher risk of developing prostate cancer. You are also more likely to develop it at a younger age. Having a strong family history of prostate cancer is also a risk factor. We have more information about the risk factors of prostate cancer. Related stories and media You usually start by seeing your GP to have your symptoms checked. Your GP usually arranges some tests. The first tests used to diagnose prostate cancer are: If your PSA level is raised or your rectal examination is unusual your GP refers you to a specialist doctor (urologist). Your GP may test your PSA level again if it is raised but your prostate feels normal. A specialist doctor or nurse asks about your symptoms and any other medical conditions. They check if you have any risk factors for prostate cancer. The doctor may do another rectal examination and arrange another PSA test. They will talk to you about further tests you may have. These may include: Whether you have any further tests will depend on the risk of the

cancer growing quickly. Doctors work out your risk by looking at the PSA level, the stage, and the grade of the cancer. To help diagnose or stage prostate cancer, you may have staging tests: Related stories and media Knowing the stage, grade and risk group of the cancer helps you and your doctor to decide on the best treatment for you. The stage of prostate cancer describes its size and how far it has spread, based on your test results. Doctors often use the TNM staging system or a number staging system. Your doctor decides the grade by how the prostate cancer cells (from your biopsy) look under the microscope. This tells them how quickly the cancer might grow or spread. Doctors use a combination of 2 systems to grade prostate cancer: Prostate cancer is also divided into risk groups. Your treatment options will depend on the risk group the cancer is in. Your doctor looks at the stage of the cancer, your PSA level and your Gleason score to work out the risk group. They use a system called the Cambridge Prognostic Group (CPG). It divides prostate cancer risk into 5 different groups. A team of specialists meet to discuss the best possible treatment for you. This is called a multidisciplinary team (MDT). There are different treatments. Your treatment will depend on: Your doctor and nurse will talk to you about the different things to think about when making treatment decisions. Treatment side effects can include, erection difficulties (ED), urinary or bowel problems. They will explain the different benefits and disadvantages of each treatment. You and your doctor can then decide on the best treatment for you. Some early prostate cancers grow very slowly. They may not need treated straightaway or at all. Your doctor will talk to you about the following options: The following treatments are much less commonly used for early prostate cancer. You may also have some treatments as part of a clinical trial. For example, a type of photodynamic treatment called vascular photodynamic therapy (VDT) is currently being looked at. We have more information about prostate cancer treatments, including treatment options for early prostate cancer and locally advanced prostate cancer. You will have regular follow-up appointments after treatment for prostate cancer. You may get anxious between appointments. This is natural. It may help to get support from family, friends or a support organisation such as Prostate Cancer UK. Macmillan is also here to support you. If you would like to talk, you can: Prostate cancer treatments can affect your sex life. They can reduce your sex drive (libido) and cause difficulties getting an erection. This is called erectile dysfunction or ED. This may be very worrying for you. There are different treatments and support available to improve sexual difficulties. Talk to your doctor or nurse about sexual difficulties or concerns. They will be used to talking about these issues. You may want to involve a partner in these discussions. Prostate cancer treatments can affect your fertility. If this is a concern for you, talk to your doctor or nurse. You may be able to store sperm before treatment starts. Even if you already have a healthy lifestyle, you may choose to make some positive lifestyle changes after treatment. Small changes to the way you live such as eating well and keeping active can improve your health and well-being and help your body recover. We want everyone affected by cancer to feel our information is written for them. We try to make sure our information is as clear as possible. We use plain English, avoid jargon, explain any medical words, use illustrations to explain text, and make sure important points are highlighted clearly. We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected. Our aims are for our information to be as clear and relevant as possible for everyone. You can read more about how we produce our information here. Macmillan Support Line. The Macmillan Support Line offers confidential support to people living with cancer and their loved ones. If you need to talk, we'll listen. © Macmillan Cancer Support 2023 © Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). Also operating in Northern Ireland. A company limited by guarantee, registered in England and Wales company number 2400969. Isle of Man company number 4694F. Registered office: 89 Albert Embankment, London SE1 7UQ. VAT no: 668265007 Consultant urologist, Jonathan Aning, talks you through what prostate cancer is, the main types, risk factors, stages and common treatments available to you. Advanced prostate cancer is when the cancer cells have spread from the prostate to other parts of the body. It is not possible to cure advanced prostate cancer. But there are treatments that can help to keep control it. Prostate cancer may be early, locally advanced or advanced. This information is about advanced prostate cancer. Related stories and media Symptoms of prostate cancer may not develop for many years. The symptoms of advanced prostate cancer may be caused by an enlarged prostate. Symptoms of an enlarged prostate can include: Symptoms can also be a sign of secondary cancer, where the cancer has spread to another part of the body. The symptoms will depend on which part of the body is affected. General symptoms may include: If you have any of the symptoms we mention here, it is important to have them checked by your doctor. After the lymph nodes, the most

common place for prostate cancer to spread to is the bones. Prostate cancer may spread to bones, such as the: It may affect different areas of the bones rather than only one area. Prostate cancer can sometimes spread to other parts of the body, such as the lymph nodes, lungs or liver. If you notice any new symptoms that last for 2 weeks or more, you should talk to your cancer doctor. It is important to remember that any of the symptoms mentioned here can be caused by problems other than cancer. Prostate cancer is one of the most common cancers in the UK. It is more common over the age of 65. Prostate cancer can happen in younger people, but it is uncommon in people aged under 50. If you are a trans woman or are non-binary or assigned male at birth, you also need to be aware of prostate cancer. Advanced prostate cancer may affect trans women, but there is not enough evidence to know how common this is. Prostate cancer UK have detailed information about trans women and prostate cancer. The LGBT Foundation can also give you confidential advice and support. You can also talk to one of our cancer support specialists. Doctors do not know the exact causes of prostate cancer. But there are risk factors of prostate cancer that can increase the chance of developing it. Having one or more risk factors does not mean you will get prostate cancer. You may be diagnosed with advanced prostate cancer: The most common places for prostate cancer to spread to is to the bones and lymph nodes outside the pelvis. Your doctor or specialist nurse will explain the tests you will have. You may not need all the tests we mention here. If you have, or have had, prostate cancer and have symptoms, you will have tests to see if the cancer has spread. These usually include a PSA test and bone scan. If you have just been diagnosed with prostate cancer, you will have further tests to see if the cancer is advanced. These include a bone scan, a CT scan or an MRI scan. If you were diagnosed with secondary cancer in the bones, you will need tests to find out if it started in the prostate. You will have a PSA test and depending on your situation, you may be offered a biopsy of the prostate. A biopsy is when samples of tissue are taken. You may also have x-rays of the bones in a painful area, to find out if there are any abnormal areas. Waiting for test results can be a difficult time, we have more information that can help. The stage of a cancer describes its size and how far it has spread, based on your test results. Doctors often use the TNM staging system or a number staging system. A doctor decides the grade by how the cancer cells look under the microscope. This gives an idea of how quickly the cancer might grow or spread. You and your doctors can then talk about the best treatment choices for you. Find out more about staging and grading for prostate cancer. Although advanced prostate cancer cannot be cured, it can be controlled with treatment, sometimes for several years. Treatments can also help relieve symptoms and improve your quality of life. A multidisciplinary team (MDT) will meet to discuss the best possible treatment options for you. This will depend on different factors, like your general health. Your cancer doctor will talk to you about the advantages and disadvantages of these treatments. The main treatments are: Your doctor or nurse will usually ask you to sign a form giving your permission (consent) for them to give you the treatment. They cannot give treatment without your consent. Treatments can help to control the cancer and relieve the symptoms. But there may be a time when the treatment has little effect on the cancer. This means you have the side effects without the benefits. Making decisions about treatment is always difficult. You may want to talk it over carefully with your cancer doctor, specialist nurse, and family. If you decide not to have further treatment, you will be given supportive (palliative) care, with medicines to control any symptoms. Specialist nurses called palliative care nurses can provide help and support. They are experienced in assessing and treating symptoms of advanced cancer. Advanced prostate cancer may cause symptoms that are difficult to cope with. But there are different ways to manage or control them. Treatments for the cancer can also improve symptoms. Treatments for prostate cancer can also affect your sex life and relationships. This can feel very difficult to cope with. You do not need to be in a relationship to feel this. We have more information on living with advanced prostate cancer. Macmillan is also here to support you. If you would like to talk, you can: We want everyone affected by cancer to feel our information is written for them. We try to make sure our information is as clear as possible. We use plain English, avoid jargon, explain any medical words, use illustrations to explain text, and make sure important points are highlighted clearly. We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected. Our aims are for our information to be as clear and relevant as possible for everyone. You can read more about how we produce our information here. Macmillan Support Line. The Macmillan Support Line offers confidential support to people living with cancer and their loved ones. If you need to talk, we'll listen. © Macmillan Cancer Support 2023 © Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). 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Northern Ireland. A company limited by guarantee, registered in England and Wales company number 2400969. Isle of Man company number 4694F. Registered office: 89 Albert Embankment, London SE1 7UQ. VAT no: 668265007 Consultant urologist, Jonathan Anning, talks you through what prostate cancer is, the main types, risk factors, stages and common treatments available to you. Locally advanced prostate cancer is when the cancer has grown through the capsule that surrounds the prostate. It may have started to spread into tissue or organs close by. The results of your tests help tell your doctor the stage of the cancer and if it is locally advanced. Related stories and media Prostate cancer symptoms only happen when the cancer is large enough to press on the tube that carries the urine from the bladder (urethra). Some prostate cancers grow very slowly. Symptoms may not develop for many years. 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A team of specialists meet to discuss the best possible treatment for you. This is called a multidisciplinary team (MDT). Treatment may cure locally advanced prostate cancer or keep it under control for many years. There are different treatments. Your treatment will depend on: Your doctor and nurse will talk to you about the different things to think about when making treatment decisions. Treatment side effects can include erection difficulties (ED), urinary or bowel problems. They will explain the different benefits and disadvantages of each treatment. You and your doctor can then decide on the best treatment for you. The main treatments for locally advanced prostate cancer are: The following treatments are less commonly used in locally advanced prostate cancer: You may also have some treatments as part of a clinical trial. Find out more about prostate cancer treatments. You will have regular follow-up appointments after treatment for prostate cancer. 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Small changes to the way you live such as eating well and keeping active can improve your health and well-being and help your body

recover. We want everyone affected by cancer to feel our information is written for them. We try to make sure our information is as clear as possible. We use plain English, avoid jargon, explain any medical words, use illustrations to explain text, and make sure important points are highlighted clearly. We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected. Our aims are for our information to be as clear and relevant as possible for everyone. You can read more about how we produce our information here. Macmillan Support Line. The Macmillan Support Line offers confidential support to people living with cancer and their loved ones. If you need to talk, we'll listen. © Macmillan Cancer Support 2023 © Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). Also operating in Northern Ireland. A company limited by guarantee, registered in England and Wales company number 2400969. Isle of Man company number 4694F. Registered office: 89 Albert Embankment, London SE1 7UQ. VAT no: 668265007

## **Subheading 2**

This is some more text for the second page.