

UNDERSTANDING

The PSA test

*informing
understanding
supporting*

 cancerbackup



**A message from Maurice Slevin MD FRCP,
Chairman of Cancerbackup**

Every year we help many thousands of people with cancer, their carers and family get the information and support they need. We do this using specialist nurses who can answer any question on any type of cancer and in different ways: through our helpline, our website, answering emails, at any of our local centres and, of course, through producing information such as this booklet. We also represent patients' interests by speaking out for people affected by cancer, so that all patients are treated fairly and receive the information they need.

Cancerbackup is a registered charity, founded by Dr Vicky Clement-Jones, following her own experience with ovarian cancer. The helpline and all our information is free to people affected by cancer, carers and family members.

Thank you,

PS If you would like to make a donation so that we can help more people, you can call 020 7696 9003, give online at www.cancerbackup.org.uk/donations, or use the card at the back of this booklet.

Cancerbackup has full independent editorial control of all its information content.

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UNDERSTANDING

The PSA test

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Cancerbackup booklets are reviewed, and revised if necessary, every 1–2 years.

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Although every effort has been made to ensure accuracy, Cancerbackup and its advisers cannot accept any liability in relation to the information in this booklet. It is not a substitute for professional medical care. Readers are strongly advised to discuss the information provided and seek personalised advice from their doctor or specialist cancer nurse.

We are committed to continuously improving our publications and welcome any feedback. If you would like to make any comments please phone our information development team on 020 7920 7234 or email info@cancerbackup.org

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Cancerbackup editorial policy

Cancerbackup's policy is to provide up-to-date and accurate information on cancer and its treatments, in line with accepted national and international guidelines. Where no such guidelines exist, our information is based on scientific evidence such as data from published clinical trials, or combined analyses of trials. Where such evidence is not available, our information is based on a consensus view of experts.

Each Cancerbackup publication is regularly reviewed and updated by specialist nurses, cancer doctors, other relevant health professionals and patients. The medical information is approved by a member of Cancerbackup's Clinical Advisory Board and the Medical Editor.

All Cancerbackup's booklets that describe treatments are produced to meet the criteria of the Discern Index, a nationally recognised measure of health information quality. Where trusts have used Cancerbackup's booklets in evidence to support their good practice, it has helped them to achieve compliance with the standards of the Clinical Negligence Scheme for Trusts.

The content of our publications is independent of sponsorship.

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This booklet has been produced in accordance with the following sources and guidelines:

- *The NHS Prostate Cancer Management Programme*. NHS 2002.
- www.cancerscreening.nhs.uk/prostate/index.html – NHS cancer screening website. Prostate cancer section June 2005.

Guidelines are constantly being updated and those noted above may have been revised since this booklet was produced. You can access up-to-date guidelines in the health professional section of Cancerbackup's website: www.cancerbackup.org.uk

Understanding the PSA test

This booklet gives information about the PSA blood test which can help to detect prostate cancer, and aims to help you decide whether to have the test.

This booklet can help you if:

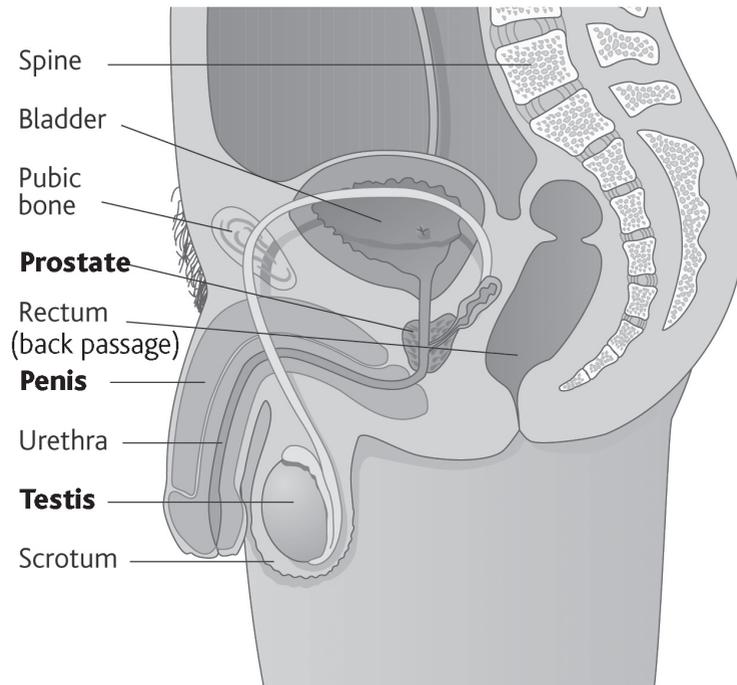
- You have heard about the test and wonder if you should have it.
- You have no symptoms but just want to check that you don't have prostate cancer.
- You have symptoms that could be caused by prostate cancer.

There is no right or wrong answer when it comes to having a PSA test. There are many unanswered questions about whether a PSA test is helpful in diagnosing prostate cancer, and there are also questions about whether treatment is necessary for early prostate cancer. Many prostate cancers grow very slowly, and for some men the side effects of treatment may be worse than the effects of the cancer itself, so it can be difficult to decide whether or not to have treatment.

People deal with this uncertainty in different ways. Some men want to have tests for early prostate cancer and treat it if it occurs. Other men do not want to know if they have an early prostate cancer because they think that, on balance, having that information would do them more harm than good. With the help of your doctor, and this information, you can make the right decision for you.

The prostate gland

The prostate gland is only found in men, and it sits just below the bladder, close to the *rectum* (back passage). It is about the size and shape of a walnut and running through the middle of it is the *urethra* (the tube which carries urine and sperm out through the penis).



Male sex organs (in bold)

The prostate produces a thick, white fluid called *semen*, which mixes with the sperm made by the testes. It also produces a protein called *prostate specific antigen* (PSA), which liquefies the semen. The growth of the cells within the prostate gland and the way that the gland works is dependent on the male sex hormone, *testosterone*, which is produced in the testes.

You are unlikely to be aware of your prostate unless it causes you trouble. The most common prostate problem is prostate enlargement (called *Benign Prostatic Hypertrophy*, or BPH). This is common in men over the age of 50 and it can cause the following symptoms:

- Difficulty in passing urine
- Passing urine more often than usual, especially at night
- Pain on passing urine
- Rarely, blood in the urine or semen

Note: BPH is not cancer and is not the same as prostate cancer

Prostatitis (inflammation of the prostate gland) can also cause the above symptoms. Prostatitis can be caused by infection, which is treated with antibiotics. It can also be caused by physical injury to the prostate gland, or some *autoimmune diseases* (in which the body's immune system damages the body's own cells).

Note: Prostatitis is not prostate cancer.

Prostate cancer

1 in 14 men will be diagnosed with prostate cancer during their lifetime. It is the most common cancer in men. Around 30,000 men in the UK are diagnosed with prostate cancer each year.

Around 10,000 men die each year from prostate cancer, generally some years after they were diagnosed. It generally occurs in older men; 4 out of every 5 prostate cancers are diagnosed in men over the age of 65.

Unlike many other cancers, prostate cancers are often present for years without a man or his doctor knowing about it. This is because they are usually slow growing and often do not cause any symptoms at all during a man's lifetime. By the age of 80, about half of all men will have some cancer cells in their prostate; but only 1 in 30 men will actually die from it. On the other hand, some types of prostate cancer are faster growing and can spread to other parts of the body. If the cancer does spread it is most likely to be carried in the bloodstream to the bones, which can cause pain and eventual death.

Causes of prostate cancer

The causes of prostate cancer are not known, but some things do seem to affect your chances of developing the disease:

- Age – prostate cancer is rare in men under 50 years of age, and your risk of developing it increases as you get older
- Having relatives who have had prostate cancer. If one close relative (father, uncle, brother) has prostate cancer this roughly doubles your risk of developing it. Having two close relatives with prostate cancer increases your risk by about four times.
- African-American and African-Caribbean men seem to be more at risk than other ethnic groups.
- Exposure to cadmium and x-rays increases the risk of prostate cancer.

Several nutrients present in our diet which may offer protection from developing prostate cancer are being researched. These include lycopene from tomato-based foods, vitamin E, soya, vitamin D and selenium. Some research suggests that eating a diet without much animal fat, dairy produce and protein may reduce your risk.

Symptoms

Cancers that are completely contained within the prostate gland are known as *early prostate cancer*.

Men with early prostate cancer may not have any symptoms at all. Prostate cancers usually only cause symptoms when they are large enough to press on the urinary tube (*urethra*) or disturb the bladder. For that reason the symptoms of prostate cancer, when they do appear, are very similar to the symptoms of simple enlargement of the prostate (BPH):

- Pain or difficulty when passing urine
- Passing urine more frequently than usual, and especially at night
- Rarely, blood in the urine or sperm.

Note: Most men with these symptoms will **not** have prostate cancer.

Prostate cancers can be very slow growing and even if the cancer cells have spread into the tissues around the prostate (known as *locally advanced prostate cancer*), they may not cause any problems with passing urine. Sometimes a prostate cancer can spread to the bones. This is known as *metastatic* or *secondary bone cancer* and symptoms might include pain in the affected bone (most commonly the back, hips or pelvis).

Tests for prostate cancer

There are four main ways to check the prostate for cancer:

- **Adigital rectal examination** This involves the doctor inserting a gloved finger into your *rectum* (back passage) to feel the prostate. This is good for finding advanced cancers, but overall it will detect less than half of prostate cancers. It may be uncomfortable, but it is quick and it should not be painful.
- **The PSA test** This is a blood test. A small sample of blood is taken from your arm using a needle and syringe (see next page for more information).
- **Trans-rectal ultrasound scan (TRUS)** Ultrasound scans use sound waves to build up a picture of the inside of the body. To scan the prostate gland a small probe is passed into the back passage and an image of the prostate appears on a screen. This type of scan is used to measure the size of the prostate. A sample of cells (*biopsy*) can be taken at the same time (see below). The scan may be uncomfortable but it only takes a few minutes.
- **Atransrectal needle biopsy of the prostate** A biopsy is usually done at the same time as an ultrasound. This involves putting a plastic probe into the rectum (back passage) and passing a needle through the wall of the rectum to take a sample from the prostate. The doctors will then use a microscope to look for any cancer cells in the sample. This is how doctors can tell for certain if you have prostate cancer, usually after a PSA test and rectal examination.

The PSA test is described in more detail on page 12 and transrectal needle biopsy on page 14.

The PSA test

The PSA test is a blood test. PSA (Prostate Specific Antigen) is a protein made by the prostate gland, which naturally leaks out into the bloodstream. The PSA test measures the level of PSA in your blood.

Sometimes a raised PSA level can be a sign of prostate cancer. More often though, it is caused by something less serious like an inflamed prostate (prostatitis), or an enlargement of the prostate that often comes with ageing (benign prostatic hypertrophy, or BPH). A single PSA test cannot show you whether a prostate cancer is present, or whether it is slow or fast growing. The level of PSA can also be raised by:

- infections
- recent prostate biopsies
- having a urinary catheter in (a tube to drain urine)
- prostate or bladder surgery
- prolonged exercise, such as long-distance running or cycling
- ejaculation
- some drugs such as finasteride (Proscar®). It is important to tell your GP about any medicines you are taking.

How reliable is it?

- The PSA test is not a foolproof test for prostate cancer.
- Two out of three men with a raised PSA will not have any cancer cells in their prostate biopsy.
- Up to 1 in 5 men with prostate cancer will have a normal PSA result.

If your PSA level is high

There are no hard and fast rules, and even expert doctors do not always agree on the best course of action. What happens next depends on:

- whether or not you have any symptoms
- your personal risk of prostate cancer
- how high the PSA level is.

The older you are, the higher your PSA level is likely to be (whether or not you have got prostate cancer). So what is 'normal' depends to some extent on your age. In a man of 50, a PSA of up to 2.8 nanograms* per millilitre of blood is considered normal. In a man of 70, a PSA of up to 5.3 nanogrammes per ml is considered normal.

As a rough guide, these are the three main options after a PSA test:

- 1. PSA normal**
You are unlikely to have cancer. No further action is needed.
- 2. PSA slightly raised**
You probably do not have cancer, but might need to have another PSA test in a few months.
- 3. PSA definitely raised**
You probably need to have a prostate biopsy to find out if cancer cells are present.

* a nanogram is a billionth of a gram

Transrectal needle biopsy

If the level of PSA in your blood is higher than normal, you will probably need to have a biopsy. This is because doctors can only tell for certain if you have prostate cancer by taking cells from the prostate and then looking at them under a microscope.

A biopsy involves using an ultrasound scanner to guide a plastic probe into the rectum. A needle is then passed through the wall of the rectum to take a sample of cells from the prostate gland. Men who have had this done tend to describe it as uncomfortable or painful, though you won't need a general anaesthetic.

The biopsy is not without its own risks. As there is a chance of infection, you will be given antibiotics after the procedure. For every 100 men having a biopsy, about 3 will have to have a second course of antibiotics, and 1 will need to be admitted to hospital for antibiotics to be given by drip (into a vein). About 30 men may have some bleeding in the urine or semen for up to three weeks afterwards. The risk of death from a biopsy is less than 1 in 10,000.

The biopsy itself is not totally accurate. If the biopsy does not show any cancer cells, that does not completely rule out cancer. Of every five men who have cancer of the prostate, the biopsy will miss the cancer in about one of them. So you might need to have further PSA tests and biopsies to monitor your prostate

If you have early prostate cancer

Although the PSA test may pick up a cancer early, there is no certainty that treating early prostate cancers helps men live any longer. Most men with early prostate cancer will not die as a result of it; this is particularly true of men in their 70s or 80s, or with a slow-growing cancer. It is also worth bearing in mind that if you were to have surgery or radiotherapy (the two main treatments for early prostate cancer), there can be effects such as erection problems, leaking of urine (*incontinence*) or damage to the rectum (back passage).

Treatment options

There are five main options if you have early prostate cancer:

1. Active surveillance (active monitoring)

Most early-stage prostate cancers may be very slow growing and may never cause any symptoms. For this reason, some patients and specialists decide to wait and see whether the cancer is getting bigger (*progressing*) before starting any treatment. The 'active surveillance' approach involves regular check-ups with PSA tests, rectal examination of the prostate and possibly repeat biopsies.

Benefits: Many men who choose active surveillance will avoid the complications of surgery, radiotherapy, or hormonal therapy.

Risks: Some men find it difficult just to wait and see if their cancer progresses before starting any therapy. Some men will need surgery, radiotherapy or hormonal therapy if their cancer shows signs of developing.

2. Radical prostatectomy

A major surgical operation to remove the whole prostate gland.

Benefits: Removing the whole prostate gland may stop an early cancer from spreading and may result in a cure. Radical prostatectomy appears to prolong life for some men with more fast growing cancer, but for men with small, slowly growing cancers the benefits are unclear, and probably only apply to younger men. In two out of five men, the cancer cells are not fully removed, and therefore the operation may not result in a cure.

Risks: For every 1000 men who have a radical prostatectomy: five will die from problems caused by surgery; up to 200 will develop slight leaking of urine; around 50 will have incontinence of urine; and about 700 will have problems getting an erection.

3. External beam radiotherapy

High-energy rays are used to destroy cancer cells.

Benefits: Radiotherapy may lead to a cure in early prostate cancer, but as with prostatectomy, the benefits in small, slowly growing cancers are uncertain. A complete course takes up to seven weeks. Giving hormone therapy before and during the radiotherapy may improve the results.

Risks: For every 1000 men who have external beam radiotherapy: up to 300 will develop occasional bleeding from the rectum (back passage); about 100 may have bleeding, a change in bowel habit and some discomfort; and up to 700 will develop erection problems (though this depends on age). Rarely, some men may have leakage of urine or incontinence of urine.

4. Brachytherapy

A new type of radiotherapy, which uses *radioactive seeds* inserted into the prostate.

Benefits: Same as for external beam therapy. A simpler procedure than external beam radiotherapy, as it usually only involves one planning session and one treatment session (under general anaesthetic) during a stay in hospital of one or two days.

Risks: Side effects to the bladder, such as inflammation (*cystitis*) may be more severe than external beam radiotherapy, but bowel problems (*diarrhoea*) and impotence are expected to be less common. Scar tissue may cause gradual narrowing of the urethra which may need to be treated.

5. Hormonal therapy

Lowers the levels of testosterone in the body, by removing the testes or using tablets or injections. Hormonal therapy may be used on its own or given with radiotherapy treatment.

Benefits: Can slow or stop the growth of cancer cells for many years. Does not involve surgery or radiation so there is little risk of bowel or bladder problems.

Risks: It will not get rid of all the cancer cells if it is the only treatment given and can cause a range of side effects that include breast swelling and hot flushes, impotence and lowered sex drive.

Advantages and disadvantages of having the PSA test

First, ask yourself if you are at particular risk of prostate cancer.

Your risk increases:

- The older you are (but in older men, prostate cancer is less likely to cause problems).
- If you have close relatives who have had prostate cancer (such as a father, uncle or brother).
- If you are of African-Caribbean or African-American descent.

Possible advantages

- It could reassure you if the test is normal.
- It can find cancers before any symptoms develop.
- Treatment in the early stages could help you live longer and avoid the complications of cancer (although there is no good research evidence that this is so).

Possible disadvantages

- It could read normal when there is cancer in the prostate, and falsely reassure you that all is well.
- It could lead to anxiety, even though you have no cancer.
- It could lead to a biopsy, even though you have no cancer.
- If you have cancer it cannot tell you if it is likely to cause problems in the future.

- Treatment of early prostate cancers might not help you live longer.
- Treatments for early prostate cancer have risks and may cause side effects that can affect your quality of life.

Questions to help you decide whether to have the test

To help you make your decision, try answering these three questions:

- What would you choose to do if your PSA level is found to be high?
- What would you do if the tests find that you have an early prostate cancer?
- What difference will it make for you to know?

If you can answer these three questions, focusing on what is really important to you, you will have your own best PSA decision.

Deciding whether or not to have a PSA test can be very difficult and we hope that this information has helped you. However, if you have further questions you can contact your GP who will be able to answer them. You can also contact the specialist nurses at Cancerbackup (see page 20) who can discuss this with you. They can also send you more detailed information on the treatments mentioned in this booklet.

Further information

Cancer Information and Support Service

The cancer information specialist nurses give information on all aspects of cancer and its treatment, and on the practical and emotional aspects of living with cancer.

Freephone: **0808 800 1234**

Lines are open Monday–Friday, 9am–8pm. An interpreting service is available for people whose first language is not English.

Calls to the Cancer Information and Support Service are confidential. Sometimes another member of our team may listen to a call for training purposes and to maintain quality.

You can also fax enquiries to **020 7696 9002** or email them to **info@cancerbackup.org**

or write to:

Cancerbackup, 3 Bath Place, Rivington Street, London, EC2A 3JR.
Office: 020 7696 9003

Cancerbackup Scotland, Suite 2, 3rd Floor, Cranston House,
104–114 Argyle Street, Glasgow, G2 8BH
Office: 0141 223 7676 Freephone: 0808 800 1234

www.cancerbackup.org.uk

Cancerbackup's award-winning website includes the full text of all our publications, a database of support groups and other services for people affected by cancer.

Local centres

Cancerbackup also has local drop-in centres staffed by specialist cancer nurses:

- **London**
The Vicky Clement-Jones
Cancerbackup Information
Centre, King George V
Building, St Bartholomew's
Hospital, London, EC1A 7BE
Tel: 020 7601 7936
- Cancerbackup Information
Centre, The London Clinic,
20 Devonshire Place,
London, W1G 6BW
Tel: 020 7616 7628
- Cancerbackup Information
Centre, Charing Cross
Hospital, Fulham Palace
Road, London, W6 8RF
Tel: 020 8383 0171
- **Manchester**
Cancer Information Centre,
The Christie Hospital,
Wilmslow Road,
Withington,
Manchester, M20 4BX
Tel: 0161 446 8100
- **Nottingham**
Cancerbackup Information
Centre, Oncology Block,
Nottingham City Hospital,
Hucknall Road,
Nottingham, NG5 1PB
Tel: 0115 840 2650
- **Coventry**
Cancerbackup Information
Centre, The Walsgrave
Hospital,
Clifford Bridge Road,
Walsgrave,
Coventry, CV2 2DX
Tel: 02476 535 099
- **Ipswich**
Cancer Information Centre,
Woolverstone Wing, Ipswich
Hospital, Heath Road,
Ipswich, IP4 5PD
Tel: 01473 715748
- **Jersey**
Cancerbackup Jersey
Gervais Les Gros Resource
Centre, Mont les Vaux, St
Aubin, Jersey, JE3 8AA
Tel: 01534 498 235
Freephone: 0800 735 0275
- **Torquay**
Cancer Support and
Information Centre,
The Lodge,
Torbay Hospital Annexe,
Newton Road,
Torquay, TQ2 7AA
Tel: 01803 617 521

Other useful organisations

Better Prostate Health

PO Box 166, Herford Road, Hoddesdon, EN11 9ZR
Campaigns to draw attention to the area of men's health and produces information on a range of related issues.

Orchid Cancer Appeal

St Bartholomew's Hospital, London, EC1A 7BE
Tel: 020 7601 7808
Fax: 020 7600 1155
Email: info@orchid-cancer.org.uk
Website: www.orchid-cancer.org.uk
Dedicated to increasing public awareness and education about men's cancers and to funding research into their diagnosis, prevention and treatment. Produces a prostate cancer awareness leaflet.

The Prostate Cancer Charity

3 Angel Walk, London, W6 9HX
Tel: 020 8222 7622
Fax: 020 8222 7639
Helpline: 0845 300 8383
Email info@prostate-cancer.org.uk
Website: www.prostate-cancer.org.uk
Provides information and support for prostate cancer patients and their families, as well as funding scientific research into prostate cancer. Provides information leaflets in English and a wide variety of other community languages, and can put patients in touch with a nationwide network of support contacts.

Prostate Cancer Support Association (PSA)

BM Box 9434, London, WC1N 3XX
Helpline: 0845 601 0766 (9am – 7pm, daily, at local call rate)

Website: www.prostatecancersupport.co.uk
National charity run by and for men diagnosed with prostate cancer, partners, family members and friends. There are local support groups around the country that can be contacted through the national helpline, which is manned by prostate cancer patients. Provides help, information and support about the disease, the treatments available and possible adverse effects. Printed information will be sent if requested.

Prostate Help Association

Langworth, Lincoln, LN3 5DF
Email: philip@pro-state.co.uk
Website: www.pha.u-net.com
Run by a patient providing a support network, and information leaflets on prostatitis, benign prostatic hypertrophy and prostate cancer. Send two first class stamps with requests for information.

Prostate Research Campaign UK

10 Northfields Prospect, Putney Bridge Road, London, SW18 1PE
Tel: 020 8877 5840
Email: info@prostate-research.org.uk
Website: www.prostate-research.org.uk
Registered charity set up to fund medical and scientific research in prostate cancer and other prostate conditions. Free introductory leaflet and newsletter on prostate conditions in exchange for large SAE.

Scottish Association of Prostate Cancer Support Groups (SASPCa)

Algo Business Centre, Glenearn Road, Perth, PH2 0NJ
Tel: 01738 450415 (Monday, Wednesday, Friday 9.30–12.30)
E-mail: supportprostate@fiscali.co.uk
Website: www.prostatescot.co.uk
A support group network run by prostate cancer patients providing support for cancer patients and carers throughout Scotland.

Helpful books

Prostate Cancer: a Comprehensive Guide for Patients

J Smith, R Persad, K Jefferson, B Patel

TFM Publishing, 2003

ISBN 1903378109 £9.99

A small book written by UK urologists, written and illustrated in a traditional medical style. Includes a useful description of current UK treatments.

Prostate Cancer: The Facts

Malcolm Mason & Leslie Moffat

Oxford University Press, 2003

ISBN 0192631446 £12.99

Written by a urologist and an oncologist in a clear and accessible style. It explains the symptoms, diagnosis, screening and the various treatment options available. Also includes a question and answers section and a helpful glossary of terms.

The Prostate Cancer Book

Professor Jonathan Waxman

Vermillion, 2001

ISBN: 0091857120 £9.99

A practical guide written by a leading UK consultant. Describes prostate cancer and other conditions, and the diagnosis and treatments for prostate cancer (including complementary approaches). The patient's stories of their experiences of different treatments are a valuable part of the book.

Understanding Prostate Disorders

David Kirk

Family Doctor Publications, 2004

ISBN 1898205876 £3.50

Explains what the prostate is, why it can go wrong, and how to go about getting treatment. Available from chemists and bookshops.

Toolkit

Available from the Prostate Cancer Charity

3 Angel Walk, London, W6 9HX

Tel: 020 8222 7622

Website: www.prostate-cancer.org.uk

A series of factsheets on prostate cancer, explaining what it is, how it is diagnosed and how it is treated. Available in print form or from the publications section of their website.

Useful websites

A lot of information about cancer is available on the internet. Some websites are excellent; others have misleading or out-of-date information. The sites listed below are considered by doctors to contain accurate information and are regularly updated.

www.cancerbackup.org.uk (Cancerbackup)

- Contains over 4,500 pages of accurate, up-to-date information on all aspects of cancer and a searchable database of other organisations.
- Allows you to send questions to specialist cancer nurses by email and has a question-and-answer section.
- Contains all Cancerbackup's 68 booklets and 230+ factsheets included in full.
- Recommends further reading.
- Provides guidance for health professionals and others on controversial cancer topics.
- Includes *Cancerbackup News*.
- Has a search engine for cancer research clinical trials available to cancer patients in the UK and Europe
- Offers links to recommended cancer websites around the world.

www.cancerscreening.nhs.uk/prostate (NHS screening programme) Comprehensive information about the prostate cancer risk management programme.

www.cancerhelp.org.uk (Cancer Research UK)

Contains patient information on all types of cancer and has a cancer research clinical trials database to allow people to identify suitable clinical trials.

www.nelh.nhs.uk (UK National electronic library for health) National UK health information site - covers all aspects of health, illness and treatments.

Cancerbackup publications

Cancerbackup has a wide range of booklets and factsheets about all types of cancer, cancer treatments and living with cancer. These include:

- Understanding cancer research trials
- Understanding radiotherapy
- Cancerbackup recipes
- Cancer and complementary therapies
- Controlling cancer pain
- Controlling the symptoms of cancer
- Caring for someone with advanced cancer
- Coping with advanced cancer
- Coping with fatigue
- Coping with hair loss
- Diet and cancer
- Dying with cancer
- The emotional effects of cancer
- Cancer and older people
- Lost for words: how to talk to someone with cancer
- Sexuality and cancer
- Work and cancer
- Travel and cancer
- What do I tell the children? A guide for a parent with cancer
- Adjusting to life after cancer treatment
- Talking about your cancer

People affected by cancer can order publications from Cancerbackup's administration department on 020 7696 9003 or the information service on 0808 800 1234

Health professionals or organisations wishing to place bulk orders can do so by ringing 020 7920 7240

Questions you might like to ask your doctor or nurse

You can fill this in before you see your doctor or nurse, and then use it to remind yourself of the questions you want to ask, and the answers you receive.

1.

Answer.....

2.

Answer.....

3.

Answer.....

4.

Answer.....

5.

Answer.....

6.

Answer.....

Please help Cancerbackup to help other people affected by cancer

We hope that you found this booklet helpful

Each year we send out over a quarter of a million booklets, and help more than 90,000 people directly through our Cancer Information and Support Service. But our services can be very busy, and some people have difficulty getting through to us by phone. This is why we need your help today. We depend on voluntary donations to provide our unique services, which are free to cancer patients, their families and friends.

Will you please help us to help others?

- £6 will pay for three booklets to be sent to help someone with cancer.
- £25 will allow one of our nurses to help two callers to our Freephone Cancer Information and Support Service.
- £220 will keep one of our phone lines open for a morning.

You can make your donation by:

- sending a cheque or CAF voucher to: Cancerbackup, Freepost KE7193, London, EC2B 2DW.
- making a credit or debit card donation by phoning 020 7696 9003.
- or give online at www.cancerbackup.org.uk/donations

We can also send you information about how you can make a regular gift by standing order to Cancerbackup. Please call us on 020 7696 9003.



informing understanding supporting

We are the UK's leading cancer information and support charity. Our services are completely free to patients, carers, families and friends.

You can contact us in many ways:

- Call us to speak to one of our specialist cancer nurses on our Freephone helpline: 0808 800 1234 (Mon–Fri, 9am–8pm).
- Visit our award-winning website: www.cancerbackup.org.uk
- Email our specialist nurses: info@cancerbackup.org
- Visit one of our nine local centres staffed by cancer information specialists (see inside for details).
- Call 020 7696 9003 to order from our range of 70 booklets and leaflets and 300 factsheets. Selected information is also available in large print and audio.
- Send your questions to: Cancer Information & Support Service, Cancerbackup, 3 Bath Place, Rivington Street, London, EC2A 3JR.

Call us free to speak to a nurse in your language:

Arabic	0808 800 0130	Bengali	0808 800 0131
Cantonese	0808 800 0132	French	0808 800 0133
Greek	0808 800 0134	Gujarati	0808 800 0135
Hindi	0808 800 0136	Polish	0808 800 0137
Punjabi	0808 800 0138	Turkish	0808 800 0139
Urdu	0808 800 0140	Vietnamese	0808 800 0141

For other languages, call the main helpline and we will link to an interpreter.