

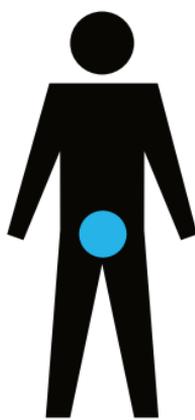
# PROSTATE CANCER

## Are you at risk?

**It is anticipated this leaflet will be helpful for men and those born biologically male (assigned male at birth). It will not be relevant for those men born without a prostate. For accuracy there will be times that we will have to use the terms man, men or male.**

You may be reading this because you know or you've heard that there is a history of prostate cancer in your family and you want to find out a bit more about what this might mean for you and possibly others in your family.

It may be that you or a relative has been diagnosed with prostate cancer. If you've just heard the news, then it may have come as something of a shock. After you've had time to come to terms with your diagnosis, you may start to wonder if and what the risks might be for others in your family. So, once you've read through this guide, you may like to pass it on to others in your family; fathers, brothers, sons, uncles or nephews. It may not only help you understand more about the risk factors but also help you tell your family about your diagnosis and what it might possibly mean for them. It may also be of interest to others in the family in helping them understand more about the risks and in helping them talk to other family members about the risks.



### What is meant by a 'risk factor'?

A 'risk factor' is anything that increases a man's and those born biologically male likelihood of getting prostate cancer. Although these factors increase the risk, it doesn't mean they will necessarily cause prostate cancer. Some people with one or more risk factors will never develop prostate cancer and some may develop prostate cancer late in life that doesn't require treatment.

### What are the risk factors?

#### Age

Age is the strongest risk factor for prostate cancer. Before the age of 40, it's very uncommon to develop prostate cancer. After 50, the chance of getting prostate cancer increases. It's thought that, by the age of 80, about 80% of men and those born biologically male will have some cancer cells in their prostate. Most of these in their 80's will never need treatment and some of them will possibly never even know that they have prostate cancer.

#### Family history

It's been found that prostate cancer can run in families. Men and those born biologically male who have close relatives (father, brother, grandfather, uncle) who have or had prostate cancer are more likely to get it themselves.

What this means:

- If your father has/had prostate cancer then you're about 2 times more at risk of getting prostate cancer
- If your brother has/had prostate cancer then you're about 2-3 times more at risk of getting prostate cancer
- If a father or brother were diagnosed at an early age, less than 60, then you're almost 3 times more at risk of getting prostate cancer
- If there's more than one on the same side of the family (father, grandfather, brother, son) diagnosed with prostate cancer, at any age, then you're about 4 times more at risk of getting prostate cancer

#### Breast or ovarian cancer

There's also a link between prostate cancer and **some** types of breast and ovarian cancer. If there's a strong family history of **certain** types of breast/ovarian cancer in the family especially before the age of 50, it may mean that there is a genetic alteration causing this eg in the BRCA1 or BRCA2 gene. For the small proportion of women (less than 10%) who have or had breast or ovarian cancer due to the faulty BRCA 1 or BRCA 2 gene, then their close male blood relatives are almost 4-9 times more at risk of developing prostate cancer.

#### Your background

Black men, men from an African/Caribbean and those born biologically male (from this background) are 3 times more at risk of getting prostate cancer and up to 5 years earlier than other ethnic groups.

#### Your lifestyle

Your lifestyle also plays a part in your prostate health. You will find more information about possible lifestyle changes on the back of this leaflet.

### What should you do now?

Although it may be difficult, when you're ready to talk about it, you should let others (brothers, sons, nephews, fathers, uncles) in your family know about these risks. Perhaps giving them a copy of this leaflet may help you to tell them about it.

Encourage them to think about the risk factors and most importantly encourage them to make an appointment to talk it over with their GP.

#### Over 40 and worried about your risk?

If you're over 40 and there is:

- A family history of prostate cancer
- A close female, blood, relative diagnosed with BRCA1/BRCA2 breast/ovarian cancer
- You are a Black man or from an African Caribbean background

The best thing you can do is to make an appointment with your GP to speak to him/her about your increased risk of getting prostate cancer. You may also wish to ask about the possibility of referral to a genetics department for further discussion if your relative has been diagnosed with breast/ovarian cancer with the faulty gene BRCA1/BRCA2.

**If you are at increased risk, discuss having a PSA test from your mid-40's with your GP.**

## About PSA and the PSA test

PSA (Prostate Specific Antigen) is one of the proteins made in the prostate. Because some PSA leaks out of the prostate, it's normal to find PSA in a man's blood. The PSA test is a simple blood test which measures the amount of PSA in your blood. However, the PSA test is best used as a guide to the possibility of there being a problem with the prostate or prostate cancer. There are benefits but also drawbacks in having the PSA test so you may want to think more about these and chat it over with your GP.

After discussing the PSA test with your GP and you decide to go ahead with a PSA test from your mid-40's onwards, this will give you a baseline/starting point to check if your PSA level increases.

If your GP is aware of your increased risk and refuses you a PSA test, then you can ask your GP why he/she has refused. If you are still concerned, then you may want to consider asking for a second opinion from another GP in the practice.

Your GP may also want to do some further tests or examinations at some stage.

There is more information about the PSA test on our website

[www.prostatescotland.org.uk](http://www.prostatescotland.org.uk) including leaflets that you can download.

Please check our PSA leaflet for more information

[www.prostatescotland.org.uk/wp-content/uploads/resources/The-PSA-Test.pdf](http://www.prostatescotland.org.uk/wp-content/uploads/resources/The-PSA-Test.pdf)

## Prostate cancer screening

At the time of writing, (December 2025) there is not a screening programme for prostate cancer in the UK. Instead, there is a Prostate Cancer Risk Management pack for GPs and the guidance in the pack states that:

**'The PSA test is available to men who request it, including trans women and non-binary people.'**

If you have a family history of prostate cancer, or a family history of BRCA1/BRCA2 breast/ovarian cancer or you are a black man or African Caribbean then you should discuss your increased risk with your GP and consider having a PSA test from mid-40's.

**The best thing is to make an appointment with your GP to discuss further'**

## Some lifestyle changes for you to consider

### Diet

Try to have a healthy diet low in saturated fat with at least 5 portions of fruit and vegetables every day.

Although not conclusive, many studies have shown that natural substances in plant foods, called antioxidants, may help reduce the risk of developing certain kinds of cancer including prostate cancer. Tomatoes, especially cooked tomatoes, are a very good source of these antioxidants so try to include cooked tomatoes in some form every day such as fresh tomato sauce, tomato soup,

tomato juice, tomato ketchup as well as 5 portions of either broccoli, sprouts, cabbage, cauliflower, swede or turnip every week.

If you need to lose some weight make a start by trying to cut out/cut down on sugar, sweets, chocolate, sugary drinks, cakes, biscuits, fried foods, chips and take-aways.

### Exercise

Recent studies have pointed to the benefit of taking regular exercise. Aim for about 30 minutes of moderate exercise, 5 times a week. Moderate exercise can include going for a brisk walk, swimming, mowing the lawn, washing and polishing the car. Taking exercise may help with your general health and wellbeing.

If you haven't exercised for a long time, build this up gradually and check with your GP before starting.

### Smoking

Smoking can affect your health in many ways so the best advice is to give up. Giving up smoking can be difficult and it may be worth discussing this with your GP, pharmacist or local smoking cessation advisor.

### Alcohol

As long as you've not been told otherwise, it's best to keep alcohol intake to a moderate amount and within sensible drinking limits. Try to have a couple of 'alcohol free' days each week.

For more information on sensible drinking limits go to

[www.drinkaware.co.uk](http://www.drinkaware.co.uk)

Helpful sections include 'Understanding unit guidelines', 'Should you take a break from alcohol' and 'How much alcohol is too much'.

## Supporting you if you're diagnosed with prostate cancer

Our COMPASS support service is to help men and their families navigate their way along their prostate cancer journey. Support includes:

- A free to download Prostate Scotland Cancer Navigator App packed full of information and resources
- A 6-week Living Well with Prostate Cancer course, run in partnership with all Maggie's Centres in Scotland, UCAN and Ayrshire Cancer Support
- Prostate Football Fans in Training (PFFIT), a 12-week exercise and well-being programme in some areas in Scotland run in partnership with SPFL Trust
- Online exercise videos on our website developed in partnership with 'The Exercise Clinic'

For more information go to link included

<https://www.prostatescotland.org.uk/help-and-support-for-you>

### Some facts about prostate cancer

- Prostate cancer is the most common cancer for men
- There is a 1 in 10 lifetime risk of a man developing prostate cancer
- In 2022, 5064 men were diagnosed with prostate cancer
- Forecasts by the NHS in Scotland suggested that between 2017-2027, there would be an increase of up to 35% in the number of men diagnosed with prostate cancer\*

\* and those born biologically male

## Contact us

Prostate Scotland, 89 - 91 Morrison Street, Edinburgh, EH3 8BU

Email: [info@prostatescotland.org.uk](mailto:info@prostatescotland.org.uk) Web: [www.prostatescotland.org.uk](http://www.prostatescotland.org.uk)

Tel: 0131 603 8660

Date: January 2026 © Prostate Scotland

The information contained in this leaflet has been developed by Prostate Scotland and reviewed by its Advisory Group of doctors, nurses and patients. Prostate Scotland acknowledges help and advice from our advisory group.

This leaflet is not intended to replace medical advice or seeing a doctor for specific illnesses or symptoms. Printing of this leaflet was made possible courtesy of a kind donation from the Grand Lodge of Scotland.

Registered Office: Princes Exchange, 1 Earl Grey St, Edinburgh EH3 9EE.

Registered Scottish Charity No. SC037494 Company No. SC 306268



Funded by The Grand Lodge of Scotland