

**A start to help
you
understand
prostate cancer**

If you are reading this because you have worries or concerns about yourself or someone you know then the best thing to do is make an appointment with your GP or encourage that person to see their GP. The earlier this is done the better the outcome is likely to be.

www.prostatescotland.org.uk

What is the prostate?

Only men and those born biologically male have a prostate. It is usually about the size of a walnut. Around the age of 40 it starts to grow or enlarge, and this may cause problems for a man when passing urine, or not being able to pass urine.

Where is it?

The prostate is inside the pelvis, just below the bladder, and in front of the back passage. It wraps around the waterpipe (urethra) that allows urine to flow from the bladder and for some men, semen to pass out through the penis.

What does the prostate do?




It supplies the fluid to nourish and protect sperm during intercourse. Prostate specific antigen or PSA is made in the prostate and some leaks out into the blood. The PSA level can indicate if something might be going wrong with the prostate.

What is prostate cancer?

Prostate cancer occurs when the cells in the prostate multiply, grow faster than normal in an unusual, erratic way.





Most prostate cancers grow slowly. For some men it won't have any effect on or shorten their life. However, if there are any signs or symptoms worrying you, make an appointment with your GP to have these checked out.

Prostate cancer may be:

-  Early or localised. When it has stayed inside the prostate.
-  Locally advanced. When it has spread just outside the prostate into the seminal vesicles (seminal vesicles are glands that produce most of the fluid in semen).
-  Advanced. When cancer cells have spread outside the prostate to the bones or other organs. If the cancer cells grow in this new site, it is called a secondary cancer or metastasis but it is still prostate cancer.

What causes prostate cancer?

No one really knows but the chances of getting prostate cancer increase:

-  As a man gets older ~ prostate cancer isn't common in 40's but becomes more common from age 50 onwards.
-  If a man's brother or father has or has had prostate cancer.
-  If a close female blood relative has or has had breast/ovarian cancer with genes BRCA1/BRCA2 then close male blood relatives are more at risk of prostate cancer. Ask your GP if you are worried about your risk.
-  If the man is black or from an African/Caribbean background.

If the risk factors above apply to you, then speak to your GP about a PSA test from mid 40's.

What are the symptoms or signs?


Many men diagnosed with early prostate cancer do not have any symptoms at all. Having the symptoms below does not necessarily mean that you have prostate cancer.


- Need to pee more often than before and more often during the night
- Find it difficult to start peeing
- It's painful to pee
- See blood in your urine or semen
- Need to get to the toilet quickly with a risk of getting caught short
- Take longer to empty your bladder
- Stop and start when peeing
- Have pain or stiffness in the lower back, hips or upper thighs.
- Have an unexplained weight loss


There is a symptom-checker on our website that you can do to find out about the possible next steps to take.

www.prostatescotland.org.uk/symptom-checker

What will happen at the doctors?

 Your GP will ask how you are and usually ask you some questions about passing urine and you might be asked to fill in a questionnaire.

 You may be asked for a urine sample to check for blood, glucose (a type of sugar) or for any infection in the bladder or kidneys.

 A blood sample may be taken to check that your kidneys are working properly.

The doctor may suggest you have a prostate specific antigen or PSA blood test

PSA is made in the prostate. This test takes a small sample of blood from your arm to measure the amount of PSA. When the prostate is enlarged, inflamed or affected by prostate cancer more PSA can leak from the prostate raising the PSA level, indicating that there may be something going wrong with the prostate.

Guidance for GPs in December 2024 made it clear that PSA tests are not exclusively available only to men aged 50 and over. You have the right to ask your GP for a PSA test.

Check our website and PSA leaflet for more information. <https://www.prostatescotland.org.uk/wpcontent/uploads/resources/PSA-Test-Get-The-Knowledge.pdf>

Digital rectal examination or DRE

As the prostate can't be seen or checked from outside the body the GP/urologist may suggest a DRE. For this examination, the doctor slides a gloved finger into your back passage up to the prostate. They will check the size of the prostate and for any odd shape, hardened area, or lump(s).

Although it may feel a bit embarrassing or uncomfortable, it only takes about 15-30 seconds to do. You can refuse to have a DRE but chat over your concerns about DRE with your GP or urologist'

What happens next?

Your GP might decide to refer you to the hospital to see a doctor who specialises in this type of illness called a urologist. The urologist may want you to have more tests.

Tests you may have in hospital

MRI or MPRI scan

This scan uses a magnetic field and special computer software to take detailed pictures of your prostate, surrounding tissues, bones and other organs. It can show if there is cancer in the prostate, where it is and if it has spread to other areas.

Prostate biopsy

A biopsy may be done following an MRI scan and/or if your PSA is raised and the DRE doesn't feel right. Although there are different ways of doing a biopsy, it basically means that several tiny samples of tissue are taken from targeted areas in your prostate using a special needle. Cells are studied to look for prostate cancer cells. Cells which look very unhealthy, may give a hint of how slowly or quickly the cancer may grow or spread.

Bone scan

A bone scan may be done to show whether the cancer has spread outside the prostate into the bones.

What next

Results from all the tests in hospital will be sent to your urologist and GP in a few weeks. They will get in touch to let you know what the next steps might be.

Waiting for test results and seeing the urologist or clinical nurse specialist (CNS) can be an anxious time for everyone.

It may help to speak to the CNS and ask any questions.

There may also be a prostate cancer support group in your area, and you can speak to these men who have been in the same position as you are now.

What about treatment?

There are different kinds of treatment available depending on whether the cancer is early (localised) or advanced.

PLEASE NOTE: Not all types of treatment listed over will be suitable or available for everyone.

Types of treatment include:

- **Active surveillance.** This is a way of managing prostate cancer with treatment being put off until needed. Regular check-ups with PSA, DRE, scan/biopsy will keep an eye on what is happening.
- **Surgery.** This is to remove the prostate completely along with a small part of the urethra. Nowadays, this is mainly robotic assisted keyhole surgery.
- **Radiotherapy.** Uses high energy x-ray beams to pinpoint and kill the cancer cells in the prostate.
- **Brachytherapy.** Tiny seeds that emit radiation are placed into the prostate to kill the cancer cells.
- **Hormone therapy.** This reduces the amount of testosterone and as a result slows down the growth of the cancer or shrinks it. This may be used alongside other treatments.

For more information go to our website: www.prostatescotland.org.uk or one of our fuller booklets on early or advanced prostate cancer.

Then what?

It isn't possible for anyone to predict exactly what will happen in the future. Make a list of any questions you have then ask your urologist, CNS or GP.

The information contained in this leaflet has been developed by Prostate Scotland and reviewed by its Advisory Group of doctors, nurses and patients. This leaflet is not intended to replace medical advice or seeing a doctor for specific illnesses or symptoms.

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