

# Prostate cancer

## Factsheet

Whilst every care has been taken to verify the accuracy of the information in this factsheet, it is not intended to replace expert advice on the subject.

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Each year approximately 47,000 men in the UK are diagnosed with prostate cancer; it is the most common form of cancer amongst men.

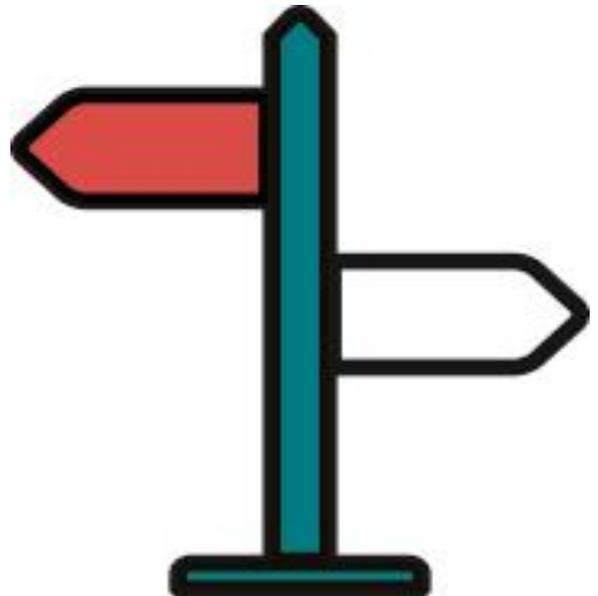
The Masonic Charitable Foundation is working with supporters and partners nationally and in masonic provinces to increase awareness and understanding about prostate cancer, empowering men and their families to make informed decisions about effective testing and treatment. For more information visit [www.mcf.org.uk/prostatecancer](http://www.mcf.org.uk/prostatecancer)

### About prostate cancer

Sometimes prostate cancer grows slowly. It may not cause any problems and not all cancers will need to be treated. Other prostate cancers grow faster and need to be treated to stop them spreading.

There are three types of prostate cancer:

- **Early (localised) prostate cancer** – when the cancer cells have not spread into the surrounding tissues and remain within the prostate gland.
- **Locally advanced prostate cancer** – when the cancer cells have started to spread into the tissues around the prostate gland.
- **Advanced prostate cancer** – when the cancer cells have spread to other parts of the body.



## Signs and symptoms

Most men with early prostate cancer don't have any signs or symptoms. If a man does experience changes in urination it is important to remember that it is more likely to be a sign of a very common non-cancerous problem called an enlarged prostate (benign prostatic hyperplasia) or other health problem. However, it's always a good idea to get it checked out with a visit to the GP. Changes to look out for include:

- difficulty starting to urinate or emptying your bladder
- a weak flow when you urinate
- a feeling that your bladder hasn't emptied properly
- dribbling urine after you finish urinating
- needing to urinate more often, especially at night
- a sudden urge to urinate – you may sometimes leak before you get to the toilet.

Other symptoms to be aware of include:

- back pain, hip pain or pelvis pain
- problems getting or keeping an erection
- blood in the urine or semen
- unexplained weight loss.

## Screening

Screening means testing people for early stages of a disease before they have any symptoms. There is currently no national screening programme for prostate cancer.

## PSA testing

The PSA test is a blood test that measures the amount of prostate specific antigen (PSA) in the blood. PSA is a protein produced by normal cells in the prostate and also by prostate cancer cells. It's normal to have a small amount of PSA in the blood, and the amount rises slightly with age and as the prostate gets bigger. A raised PSA level may suggest there is a problem with the prostate, but not necessarily cancer.

All men over the age of 50 are entitled to a PSA test under the NHS [Prostate Cancer Risk Management Programme](#). Prior to having a test the individual should discuss the advantages and disadvantages with their GP (see below). This can help them to understand more about prostate cancer and the risks of getting it. It remains up to the

individual whether they have the tests, and they should ensure they consider the information available and allow themselves time to think the options through.

### **Advantages and Disadvantages of PSA Testing**

#### **Pros:**

- it may provide reassurance if the test result is normal
- it can find early signs of cancer, meaning earlier treatment
- it may reduce the risk of dying if cancer is diagnosed

#### **Cons:**

- it can miss cancer and provide false reassurance
- it may lead to unnecessary worry and medical tests when there's no cancer
- it cannot tell the difference between slow-growing and fast-growing cancers
- it may cause worry by finding a slow-growing cancer that may never cause any problems

Source: NHS

## **Diagnosis**

There is no single test to diagnose prostate cancer. When you visit your GP there are some initial tests s/he can do to. Most commonly s/he may carry out a physical examination which involves feeling the prostate gland, also known as a digital rectal examination (DRE). To do this the GP will put a gloved finger into the back passage to check for abnormal signs, such as a lumpy or hard prostate. This examination will usually only take a few minutes.

The GP might suggest a urine test and a PSA test to inform the diagnosis.

## **Further tests and biopsies**

The rectal examination and PSA tests may lead the GP to suggest there is a need for further tests. If so, they may make an appointment for the individual to see a specialist at the hospital. Where the GP suspects it could be prostate cancer, the specialist will usually be seen within two weeks and they may suggest the need for a prostate biopsy.

Many hospitals might organise a multi-parametric MRI (mpMRI) scan before a biopsy. This can help to see if there is any cancer inside the prostate and how quickly any

cancer is likely to grow. If the mpMRI scan shows no signs of cancer inside the prostate then there may be no need for a biopsy.

There are two main types of biopsy. A trans-rectal ultrasound scan (TRUS) biopsy involves passing a small ultrasound probe into the rectum and using a thin needle to obtain small samples of tissue from the prostate. A template (transperineal) biopsy involves inserting a needle into the prostate through the skin between the testicles and the back passage (perineum). Other tests may include:

- An MRI (magnetic resonance imaging) scan – this uses magnetism to build up a picture of the body.
- A bone scan – this uses small doses of radiation to show abnormal areas of bone.
- A CT scan – this uses x-rays to build up a three-dimensional picture of the inside of the body.

## Staging and grading

The test results will tell doctors more about the size of the tumour and if it has spread outside of the prostate. This is known as the 'staging' and 'grading' of the cancer.

Knowing the stage and risk group of the cancer helps the individual and their doctor decide on the best treatment. Further information on staging and grading can be found at [Macmillan Cancer Support](#)

## Coping with cancer

There will be some practical issues somebody diagnosed with prostate cancer might need to consider. For example, having cancer can affect a person's housing and financial situation and they may be entitled to certain financial support through the state. As almoner, you should offer your support during this time of need and one way of doing so is by providing a 'listening ear'. If they do open up to you perhaps try to talk their issues and worries through with them, and signpost to further sources of specialist support.

For information on talking to, listening to and understanding someone who has cancer visit Macmillan Cancer Support - [www.macmillan.org.uk/information-and-support/coping/talking-about-cancer/if-someone-has-cancer](http://www.macmillan.org.uk/information-and-support/coping/talking-about-cancer/if-someone-has-cancer)

The following organisations can offer support and guidance related to prostate cancer:

- **Macmillan Cancer Support**  
Helps everyone with cancer live life as fully as they can, providing physical, financial and emotional support.

[www.macmillan.org.uk](http://www.macmillan.org.uk)

- **Prostate Cancer UK**

Improves the care and welfare of those affected by prostate cancer, increase investment in research, and raise public and political awareness.

[www.prostatecanceruk.org](http://www.prostatecanceruk.org)

- **Cancer Research UK**

A cancer research and awareness charity which aims to reduce the number of deaths from cancer.

[www.cancerresearchuk.org](http://www.cancerresearchuk.org)

- **NHS Choices**

Thousands of freely available articles, videos, tools and apps to help make the best choices about health and wellbeing.

[www.nhs.uk](http://www.nhs.uk)

## Further information

- **The Masonic Charitable Foundation**

Poor state of health or a terminal illness can affect a person's financial status. When they are ready they may wish to consider the support available from the MCF which may include help with daily living expenses, supporting children in full time education and one-off expenses. Our grants can help with the cost of private treatment or surgery when the NHS waiting list is over 12 weeks, or over 8 weeks for cancer or cardiac treatment. Contact your Metropolitan/Provincial Grand Almoner or the MCF on 0800 035 60 90 for advice on making an application.

MCF also runs the Counselling Careline which has specialist counsellors for anyone struggling to cope. Additional counselling sessions can be provided, if necessary face to face rather than on the telephone. This is a free service and requires no form filling or application. A call should be made to the MCF to make an enquiry on 0800 035 60 90.

- **The MCF's Advice and Support Team**

Offer advice, guidance and support on a range of issues. Contact them by calling 0800 035 60 90.

- **Metropolitan/Provincial Grand Almoners**

Your MetGA/PGA may be able to signpost you to local support and assistance.

*The MCF does not endorse or recommend any tests or cancer support organisations listed. Last updated / reviewed: September 2019*