

Understanding the PSA test

A guide for men concerned
about prostate cancer

Introduction

This booklet is for men who want to know more about having a blood test, called a PSA test, that can help diagnose prostate problems and prostate cancer. The booklet may also be useful for the partners or family of men who want to know more.

The booklet includes information about the prostate gland, different types of problems with the prostate and how the PSA test can help diagnose them. It also explains what may happen if you have the PSA test, the pros and cons of the test and other things to think about when making a decision. We hope that the information in this booklet will help you decide whether having a PSA test is right for you.

Each GP practice or hospital may do things slightly differently so use this booklet as a general guide to what to expect and ask your GP for more information.


The following symbols appear throughout the booklet to guide you to sources of further information:



The Prostate Cancer Charity Helpline



The Prostate Cancer Charity publications

If you would like to know more about anything you read in this booklet, you can call our specialist Helpline nurses on  0800 074 8383.

Contents

The PSA test: in brief	4
The prostate gland	
What is the prostate gland?	6
What can go wrong with the prostate gland?	7
What is benign prostatic hyperplasia (BPH)?	8
What is prostatitis?	9
What is prostate cancer?	9
What is my risk of developing prostate cancer?	10
Summary	12
Visiting your GP	
What will happen at the GP surgery?	13
Before you have a PSA test	14
What will the test results tell me?	15
Digital rectal examination (DRE)	16
Seeing a specialist	
What will happen if my GP refers me to a hospital specialist?	19
TRUS guided prostate biopsy	19
If I am diagnosed with prostate cancer what are my options?	21
Making a decision	
Should I have a PSA test?	23
Why is there no prostate cancer screening programme for all men?	25
Other tests	26
Questions to ask your GP	26
Questions to ask your hospital specialist	27
The Prostate Cancer Charity	29
More information	30

The PSA test: in brief

What is the PSA test?

The PSA test is a blood test that measures the total amount of prostate specific antigen (PSA) in your blood. PSA is a protein produced by normal cells in the prostate and also by prostate cancer cells. It is normal for all men to have a small amount of PSA in their blood. A raised PSA level may show that you have a problem with your prostate, but not necessarily prostate cancer.

Who can have a PSA test?

All men are entitled to have a PSA test as long as they have first talked through the pros and cons with their GP. You can have a PSA test at your GP surgery.

What can the PSA test tell me?

A raised PSA level can show that there might be a problem with your prostate. To find out what this problem may be, your GP will ask you about any symptoms and can do a number of other tests.

The PSA test and prostate cancer

A raised PSA level can be a sign of prostate cancer. But some men with a normal PSA level can also have prostate cancer.

If you are over 50, from an African Caribbean background or have a close relative who has had prostate cancer, you have a higher risk of developing prostate cancer. Your GP will consider your risk and use your PSA results along with an examination

of your prostate to decide if you need another test called a biopsy to look for cancer in your prostate.

Should I have a PSA test?

Deciding on whether or not to have a PSA test is a personal choice and you might like to talk this over with your partner, family or friends. Before you decide you may want to find out more about:

- The different types of prostate problems and prostate cancer (page 9)
- If you are more at risk of prostate cancer (pages 10 and 11)
- What the PSA test involves (page 13)
- The pros and cons of the test (pages 23 and 24)
- What could happen after the test, for example having further tests such as a biopsy (page 19)

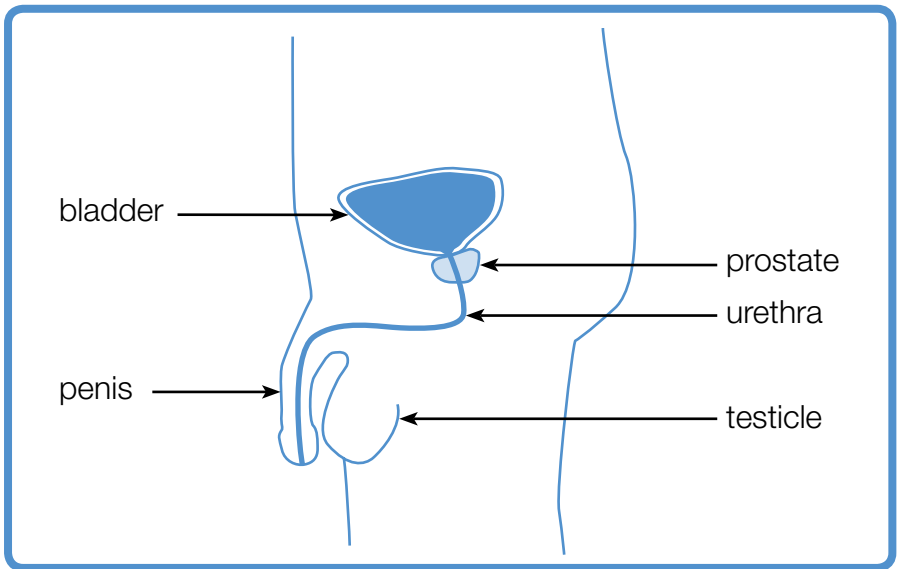
You could also talk to your GP or call our confidential Helpline and speak to a specialist nurse on 0800 074 8383.



The prostate gland

This section describes the different problems that can affect the prostate gland. It also talks about what may increase your risk of having prostate cancer.

What is the prostate gland?



Only men have a prostate gland. The prostate is usually the shape and size of a walnut. The prostate gland lies underneath the bladder and surrounds the tube that men pass urine and semen through (urethra). The prostate gland's main job is to make up most of the fluid that carries sperm, called semen.

What can go wrong with the prostate gland?

The three most common types of prostate problems are:

- Non-cancerous enlargement of the prostate called benign prostatic hyperplasia (BPH)
- An inflammation or infection of the prostate gland called prostatitis
- Prostate cancer

Symptoms of prostate problems can include:

- Needing to urinate more often, especially at night
- Needing to rush to the toilet – you may occasionally leak urine before you get there
- Difficulty starting to pass urine
- Straining or taking a long time to finish urinating
- A weak flow of urine
- A feeling that your bladder has not emptied properly
- Dribbling urine
- Pain when passing urine or ejaculating
- Problems getting or keeping an erection. Erection problems are not common symptoms of a prostate problem and are more often caused by other health conditions
- Blood in the urine or semen – but this is rare.

Most men with early prostate cancer do not have any symptoms.

Problems passing urine are common in older men, and they are usually a sign of BPH. However, urinary symptoms such as those on page 7 can also be a sign of a urine infection, prostatitis or prostate cancer.

If you have any of these symptoms you should visit your GP. You can also talk to a specialist nurse by calling our confidential

 Helpline on 0800 074 8383.


What is benign prostatic hyperplasia (BPH)?

Benign prostatic hyperplasia (BPH) is a common condition that affects many men from the age of about 50.

It is an increase in the number of non-cancerous cells in the prostate gland. It is not a form of cancer. BPH causes your prostate gland to grow in size as you get older. In some cases, if your prostate gets bigger, it can cause the urethra to narrow and slow down or sometimes stop the flow of urine.

About four out of every ten men (40 per cent) over the age of 50 and three out of four men (75 per cent) in their 70s have urinary symptoms which may be caused by BPH.

The treatment you are given will depend on whether your symptoms are affecting your quality of life. Not all men with BPH will need treatment, but treatments can include lifestyle changes, medicines, surgery or sometimes the use of a catheter to drain urine from your bladder. You can find out more by reading our

 booklet **Enlarged prostate: A guide for men concerned about benign prostatic hyperplasia.**

What is prostatitis?

Prostatitis can be caused by an infection or inflammation of the prostate gland. It is not a form of cancer. Prostatitis can cause a wide variety of symptoms, which differ from man to man and include those described on page 7. In severe cases it may cause fever and sweating and you may need treatment in hospital.

Prostatitis can affect men of any age but is more common in men aged between 30 and 50. There are four main types of prostatitis

i which are treated in different ways. Read our booklet **Prostatitis: A guide to infection and inflammation of the prostate** for more information.

What is prostate cancer?

Normally the growth of all cells is carefully controlled in the body. As cells die, they are replaced in an orderly fashion. Cancer can develop when cells start to grow in an uncontrolled way. If this happens in the prostate gland, prostate cancer can develop.

Prostate cancer is the most common cancer in men in the UK and by the age of 80 most men will have some cancer cells in their prostate.

Prostate cancer can grow slowly or very quickly. Most prostate cancer is slow-growing to start with and may never cause any symptoms or problems in a man's lifetime. However, some men will have cancer that is more aggressive or 'high risk.' This needs treatment to prevent or delay it spreading outside the prostate gland.

If a man does have symptoms, such as problems passing urine, they may be mild and happen over many years. But for some men the first noticeable symptoms are from prostate cancer which has spread to the bones. If this happens, they may notice new pain in the back, hips or pelvis. These symptoms could be caused by other problems such as general aches and pains or arthritis, but it is still a good idea to get them checked out by the GP.

What is my risk of developing prostate cancer?

There are several factors that may increase your chance of being diagnosed with prostate cancer. These include:

Age

Prostate cancer mainly affects men over the age of 50 and risk increases with age. The average age for men to be diagnosed with prostate cancer is between 70 and 74 years. If you are under 50 then your risk of getting prostate cancer is very low. Younger men can be affected, but this is rare.

Family history

You are two and a half times more likely to get prostate cancer if your father or brother has been diagnosed with it, compared to a man who has no diagnosed relatives. The risk increases if your relative was under the age of 60 when they were diagnosed, or if more than one close relative has been diagnosed with prostate cancer.

Inside every cell in our body is a set of instructions called genes. These are inherited from our parents. Genes control how the body grows, works and what it looks like. Researchers have found some characteristics in genes that might be passed on through your parents and could increase your risk of developing prostate cancer. Only five to ten per cent of prostate cancers

are thought to be strongly linked to genes. We still need more studies to show whether a genetic test for prostate cancer would be useful.

Ethnicity

African Caribbean men are three times more likely to develop prostate cancer than white men of the same age. African Caribbean men may also develop prostate cancer at an earlier age than white men. At the moment we do not know why this happens, but researchers think that genetics or diet may have a role.

Diet

No one knows how to prevent prostate cancer but diet and a healthy lifestyle may be important in protecting against the disease. You may be able to help reduce your risk of prostate cancer by:

- Maintaining a healthy weight
- Keeping active or exercising regularly
- Reducing the amount of processed meat products in your diet
- Eating fewer dairy products

You can read more about this in our Tool Kit fact sheet

 **Diet and prostate cancer.**

Summary:

- Problems passing urine can be a sign of non cancerous prostate problems such as benign prostatic hyperplasia (BPH) or prostatitis. These problems can be treated so you should still see your GP.
- Problems passing urine can sometimes be a sign of prostate cancer. However, many men with early prostate cancer may have no symptoms at all.
- Prostate cancer can be slow growing and may not cause any troublesome symptoms in a man's lifetime.
- In some cases prostate cancer can be aggressive and will need treatment.
- If you are over 50, from an African Caribbean background or have a close relative who has had prostate cancer, you may have a higher risk of developing prostate cancer.

Visiting your GP

This section is about the tests that your GP can do and what the results may show.

Men can have a PSA test at their GP surgery. You might decide to go to your GP if you have some urinary symptoms, are worried about prostate problems, or because you feel that you might be more at risk of developing prostate cancer. If you are over the age of 40, your GP may have advised you to get a check-up and have a number of different tests, including a PSA test.

What will happen at the GP surgery?

Your GP will ask you to think about the pros and cons of the PSA test before you decide to have one. You can read about these in the section ‘Should I have a PSA test?’ on page 23 of this booklet. If you find it tricky to talk to your GP you could always take this booklet in with you to discuss with them.

Your GP will talk to you about your general health and ask whether you have any symptoms. If you or your GP are concerned that you may have a prostate problem, your GP may give you a PSA test and examine your prostate with a digital rectal examination (DRE) (see page 16). They may also do a urine test to rule out a urine infection.

Your GP will take a sample of your blood and send this to a laboratory to be tested. The amount of PSA in your blood is measured in nanograms (a billionth of a gram) per millilitre of blood (ng/ml). PSA is produced by normal prostate cells as well as prostate cancer cells. It is normal for all men to have a small amount of PSA in their blood.

Before you have a PSA test

You should let your GP know if you are taking any prescription or over-the-counter medication as this might also affect your PSA test results.

Your GP may give you advice about what else could affect the PSA level. Things that could affect your PSA level include:

A urine infection

Your GP will test your urine for infection. Your GP will treat any infection and give you the PSA test in four to six weeks time.

Vigorous exercise

Exercise such as cycling may raise the PSA level. You might be asked not to do any vigorous exercise in the 48 hours before a PSA test.

Ejaculation

Any sexual activity that results in ejaculation in the 48 hours before a PSA test may raise the PSA level.

Biopsy

If you have had a prostate biopsy in the six weeks before a repeat PSA test, this could raise the PSA level.

If you have a catheter or have had any investigations or operations on your bladder or prostate, these can raise your PSA level. Your specialist may suggest waiting for up to six weeks after these procedures before having a PSA test.

What will the test results tell me?

A PSA test alone cannot tell you whether you have prostate cancer. PSA naturally rises as men get older, as the prostate gland gets bigger and may produce more PSA. A high PSA level for your age can be a sign of prostate cancer, but it can be caused by non-cancerous enlargement of the prostate (benign prostatic hyperplasia) or an infection or inflammation of the prostate (prostatitis).

PSA levels can range from 1ng/ml to up into the 100s and further. The following figures are a rough guide to 'normal' PSA levels, depending on your age:

- Up to 3 ng/ml for men in their 50s
- Up to 4 ng/ml for men in their 60s
- Up to 5 ng/ml for men in their 70s and over

A very high PSA level (for example in the 100s) normally means that a man has prostate cancer. However, if your PSA level is only slightly above the normal range for your age, then your doctor cannot tell as much from the result and would normally need to do other tests to help find out if there is a problem.

Before deciding on the next step, your GP will need to think about your PSA level as well as:

- Results from a digital rectal examination (DRE) (see next page)
- Risk factors such as age, ethnicity and family history
- Other health problems or things that may have affected the results (see page 14)
- If you have had a prostate biopsy in the past

The GP should discuss your test results and these other issues with you. If your test results are within the normal range or lower then you may not need any further tests or your GP may advise you to have another PSA test in the near future. If they think that you may have prostate problems then they might make an appointment for you to see a specialist at a hospital. You can also ask your GP to refer you to a specialist.

Regular PSA tests

After some men have had their first PSA test, they may choose to have regular tests, particularly if they are more at risk of prostate cancer. This might be a good way to spot any changes in your PSA levels. At the moment there is no research to show how often men should have tests, but this could be every one or two years. You could discuss this further with your GP or call our confidential Helpline.

You can ask your GP what your PSA level is and write it down in the table on page 28. This may be useful if you see a specialist or ask for a second opinion.

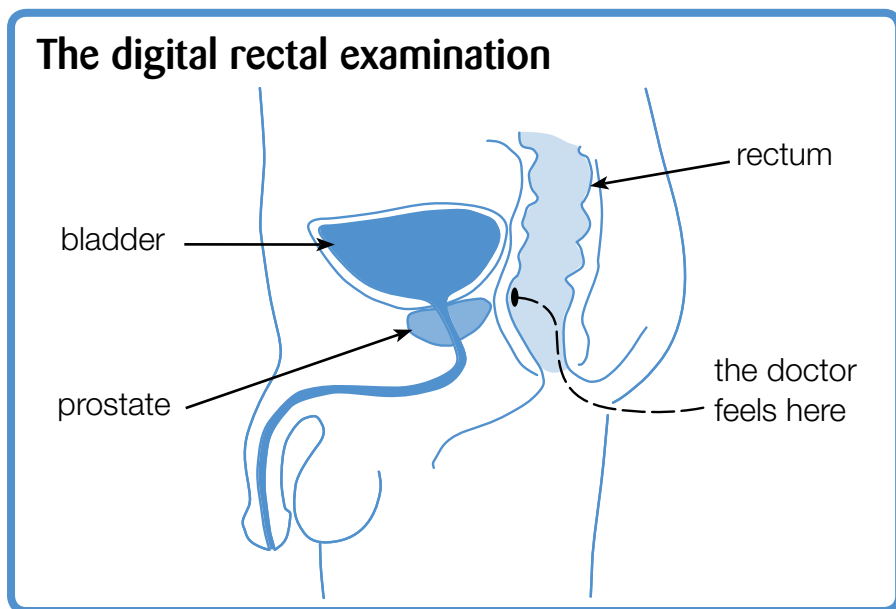
Digital rectal examination (DRE)

A common way of helping to diagnose a prostate problem is for the doctor to feel the prostate gland through the wall of the back passage (rectum). This is called a digital rectal examination (DRE). You may have a DRE if you have any of the symptoms listed on page 7 of this booklet.

If possible, the DRE should be done after a PSA test. Having a DRE straight before a PSA test may raise your PSA level. Your GP may decide to do them at different appointments.

If you have a DRE the doctor will ask you to lie on your side, on an examination table, with your knees brought up towards your chest. If you find it easier, you can stand and lean over the back of a chair or across the examination table instead. The doctor will slide their finger into your back passage. They will wear gloves and put some gel onto their finger to make it more comfortable.

They will feel your prostate for any hard or irregular areas and to judge its size. This may be uncomfortable, but it should not be painful. Some men understandably find it embarrassing but the test will be over quickly.



If the prostate gland feels larger than expected for your age this could be a sign of benign prostatic hyperplasia (BPH). A prostate gland with hard bumpy areas may suggest prostate cancer. If your DRE result shows anything unusual, you may be referred to a hospital specialist. However it is not a completely accurate test. A man with prostate cancer may have a prostate that still feels normal.



If you would like to know more about these tests, call our confidential Helpline on 0800 074 8383.

Seeing a specialist

This section describes what could happen if your GP refers you to a specialist. You may find it useful to think about this before deciding whether to have a PSA test.

What will happen if my GP refers me to a hospital specialist?

Your GP will refer you to see a hospital specialist, usually a urologist, if they think you might need further tests to work out if you have a prostate problem. The specialist may repeat some of the tests you were given by your GP. Depending on the results:

- They may offer you another PSA test in the near future to check that your PSA is not rising.
- They might recommend a prostate biopsy. This is called a TRUS (trans-rectal ultrasound) guided biopsy.

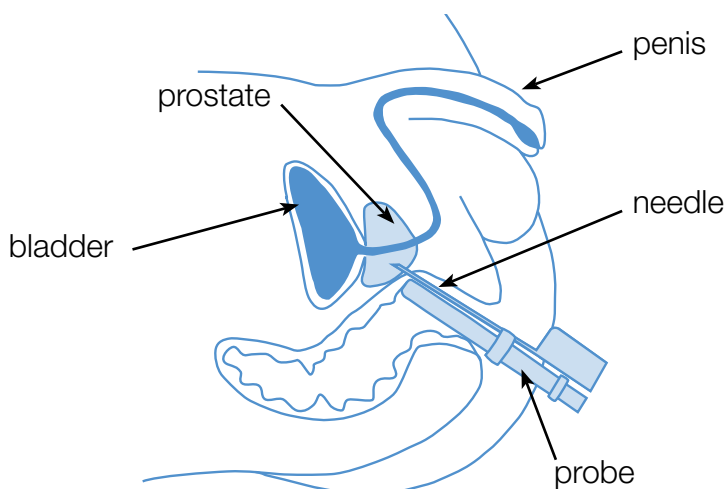
Some men who have prostate cancer may be offered another test such as a bone scan or MRI instead of a biopsy. This is to see if there are any signs that prostate cancer has spread outside the prostate to other parts of the body, such as the bones.

TRUS guided prostate biopsy

This type of biopsy involves using thin needles to take ten to 12 small samples of tissue from the prostate. This is done through the back passage as there is no other way to get to the prostate.

Each man is different and while some describe the biopsy as painful, others have less discomfort. You should be given a local anaesthetic injection to help reduce any pain. The actual biopsy will take about five minutes but it may take longer to prepare you for the procedure.

The trans-rectal ultrasound guided biopsy



What are the advantages of having a biopsy?

- It can help detect whether prostate cancer is present.
- It can provide further information about how much cancer is present in the samples taken, how aggressive it might be and whether or not it may spread.
- It can help your specialist team decide which treatment options may be suitable for you.

What are the disadvantages of having a biopsy?

- The biopsy may 'miss' the cancer if it is in an area of the prostate where a sample was not taken.
- It can pick up a slow growing or non-aggressive cancer that may not cause any symptoms or problems in your lifetime. You may then have to make decisions about whether to have treatment.
- It can cause short term side effects such as blood in your urine, faeces or semen.
- You are also at risk of developing a serious infection called septicaemia but this is rare. About one out of 100 men (one per cent) will experience this. You will have antibiotics before your biopsy to help prevent infection.
- It is an invasive procedure which some men may find painful or uncomfortable.

If I am diagnosed with prostate cancer what are my options?


There are several treatment options available for prostate cancer. The stage of cancer and your preferences will affect which of these treatments you have. You may need to have more tests such as a scan to find out whether the cancer has developed outside the prostate gland.

If you have a slow growing cancer that is not likely to cause you any problems in your lifetime, you may be able to delay treatment or avoid treatment altogether. Depending on your circumstances you could discuss with your specialist whether they can monitor the cancer. If you decide to do this, you will have further PSA tests, DRE tests and biopsies to check whether the cancer is developing.

Other treatment options include:

- Surgery to remove the prostate
- Radiotherapy using X-ray beams or internal radioactive seeds to target cancer cells in the prostate
- Hormone therapy to stop testosterone reaching the prostate cancer cells, which helps to stop the cancer growing
- Newer treatments such as high intensity focused ultrasound (HIFU) and cryotherapy


These treatments for prostate cancer have a risk of side effects such as problems controlling your bladder (urinary incontinence) or problems getting or keeping erections (erectile dysfunction).

 Our booklet called '**Prostate cancer: a guide for newly diagnosed men**' and our **Tool Kit** fact sheets give more information about treatment options and side effects of treatment.

Emotional effects

Being diagnosed with prostate cancer, making decisions about treatment and the side effects of treatment can also have an impact on how you feel emotionally and your daily life.

There is support for men living with prostate cancer. You should contact your specialist nurse or a member of your medical team if you have any questions or concerns. You can also call our

 confidential Helpline on 0800 074 8383 for more details about support, including local support groups.

Making a decision

This section lists the advantages and disadvantages of having a PSA test and suggests some questions that you may like to ask your GP or yourself.

Should I have a PSA test?

It can be difficult to decide whether or not to have a PSA test. We hope that the information in this booklet will help you to understand more about the PSA test and what the results can and cannot tell you. Some of the advantages and disadvantages of the test are listed here.

Advantages

- It may help to pick up a significant prostate cancer before you get any symptoms.
- The test could help to monitor men who have a higher risk of developing prostate cancer.
- It may help to pick up a more aggressive cancer at an early stage when treatment may prevent the cancer from becoming more advanced.
- Repeat PSA tests can identify changes to your PSA level that may show that there is a problem with your prostate.
- It may help to pick up a non-cancerous prostate problem such as BPH or prostatitis which can be treated and may relieve you of any symptoms.

Disadvantages

- Around two thirds of men with a raised PSA do not have prostate cancer.
- It will not pick up all prostate cancers. Some men with prostate cancer have a normal PSA level.
- It cannot tell you whether a prostate cancer is likely to be fast or slow growing (high or low risk). A slow growing cancer may not cause any symptoms or shorten your life.
- If your PSA is raised, you may need a biopsy which some men find uncomfortable and has some risks.
- Treatment for prostate cancer may cause significant side effects which can affect your daily life.

Taking into account the information given in this booklet, try asking yourself the following questions:

- Are you more at risk of prostate cancer?
- If the result of your PSA test was normal, would this reassure you?
- If your PSA was high, what would you do?
- If you went on to be diagnosed with slow growing prostate cancer that might not cause you any problems in your lifetime, would you want to have treatment that may cause side effects?

Speak to your GP about any concerns before making a decision. You can also speak to a specialist nurse by calling our confidential Helpline on 0800 074 8383.



Why is there no prostate cancer screening programme for all men?

Screening programmes aim to spot the early signs of cancers in people who do not have any symptoms. In the UK there are screening programmes for breast, cervical and bowel cancer.

There is currently no screening programme for prostate cancer. This is mainly because the PSA test is not reliable enough to be used as part of a screening programme (see page 24).

In most cases prostate cancer is slow growing and may not cause any problems in a man's lifetime. However, some men will have fast growing cancer that needs treatment to delay or prevent it spreading outside of the prostate gland.

Research shows that screening using the PSA test could reduce the number of deaths from fast growing prostate cancer but it could also increase the number of men having unnecessary treatment for slow growing prostate cancer.

At the moment, if you are diagnosed with prostate cancer, there is no way to tell whether it will be fast or slow growing, so many men will have treatment. Treatment can cause significant side effects such as erectile dysfunction and urinary problems. So, screening could lead to many men having worse side effects from treatment than they would have had from the cancer itself.

Although there is no screening programme, it is still recognised that early detection is important for men at a higher risk of developing prostate cancer or for those who have advanced disease but no symptoms.

If you are concerned about prostate cancer, you can talk to your GP about your individual risk and talk through the advantages and disadvantages of the PSA test. If you then decide that you want a PSA test, you can ask your GP for one.

Other tests

Researchers have been looking at other tests that may be more helpful in diagnosing prostate cancer. These tests are not widely available but they include:

- Free and total PSA. This test measures the amount of two different types of PSA in the blood. This test can help tell whether men have a high PSA because they have BPH or because they have prostate cancer. Doctors do not yet agree on what levels of the different types of PSA show that a man has prostate cancer, so GPs do not use it that often.
- A urine test called a PCA3 test. This test might help specialists decide whether some men should have a biopsy, or be useful for monitoring men who have already had a biopsy. However, the PCA3 test is only available in a few private hospitals and clinics, as we still need more research about how useful it is.

Questions to ask your GP

What are the pros and cons of having a PSA test?

Do I have an increased risk of developing prostate cancer?

How long will I have to wait for the results?

If I have a PSA test and the result is normal, will I need to have regular tests in the future?

What is my PSA level?

Do I need a DRE?

Questions to ask your hospital specialist

Do I need a biopsy?

How long will my biopsy take?

What are the risks and side effects?

Will I have any pain-relief (anaesthetic)?

Will I have antibiotics?

How many biopsy samples will you take?

How soon will I get the results?

Will I need any other tests?

What support can I get?

PSA Levels

You may like to use this table to record the results of your PSA tests. If you need more space, you can order PSA record cards



by calling The Prostate Cancer Charity on 0800 074 8383

Date	PSA level	Date	PSA level

The Prostate Cancer Charity

The Prostate Cancer Charity is the UK's leading charity working with people affected by prostate cancer. We fund research, provide support and information, and we campaign to improve the lives of men with prostate cancer. Our vision is of a world where lives are no longer limited by prostate cancer.

Free and confidential Helpline


If you have any questions about prostate cancer or other prostate problems call our free and confidential Helpline to speak to a specialist nurse.



Free and confidential Helpline
0800 074 8383*
Mon - Fri 10am - 4pm, Wed 7pm - 9pm

You can also send your questions to our specialist nurses by using our **Helpline email contact form**.

Visit www.prostate-cancer.org.uk and click on 'support' for details of how to contact the Helpline.

 We have further information for men who have been diagnosed with prostate cancer including **Prostate cancer: A guide for newly diagnosed men** and our **Tool Kit** information pack which explains how prostate cancer is treated and how it may affect your lifestyle.

 To order our publications call our **Helpline** on **0800 074 8383** or email us at literature@prostate-cancer.org.uk. You can also download all of our publications from our website at www.prostate-cancer.org.uk

*Calls are free of charge from UK landlines. Mobile phone charges may vary. Calls may be monitored for training purposes. Confidentiality is maintained between callers and The Prostate Cancer Charity.

More information

Healthtalkonline

www.healthtalkonline.org.uk

Watch, listen to, or read personal experiences of men with prostate cancer and other medical conditions.

Prosdex

www.prosdex.com

A web-based decision aid to help men decide whether or not to have a PSA test.

Prostate Cancer Risk Management Programme

www.cancerscreening.nhs.uk/prostate

This NHS website explains why there is currently no screening programme and gives details of the prostate cancer risk management programme.

Reviewed by:

- James Catto, Consultant Urological Surgeon, Royal Hallamshire Hospital, Sheffield
- Janette Kinsella, Prostate Clinical Nurse Specialist, Guys Hospital, London
- Dr James Phillips, GP Partner, Maclean Medical Practice, Glasgow
- Cathryn Woodward, Consultant Clinical Oncologist, Addenbrooke's Hospital, Cambridge
- The Macmillan GP Adviser Group
- The Prostate Cancer Charity Information Volunteers
- The Prostate Cancer Charity Support & Information Specialist Nurses

References to sources of information used in the production of this booklet are available at www.prostate-cancer.org.uk

Written and edited by: The Prostate Cancer Charity Information Team

The Prostate Cancer Charity funds research into the causes of, and treatments for, prostate cancer. We also provide support and information to anyone concerned about prostate cancer. We rely on charitable donations to continue this work. If you would like to make a donation, please call us on 020 8222 7666.

The Prostate Cancer Charity makes every effort to make sure that its services provide up-to-date, unbiased and accurate facts about prostate cancer. We hope that these will add to the medical advice you have had and will help you to make any decisions you may face. Please do continue to talk to your doctor if you are worried about any medical issues.



The Prostate Cancer Charity

First Floor, Cambridge House,
100 Cambridge Grove,
London W6 0LE
Email: info@prostate-cancer.org.uk
Telephone: 020 8222 7622
Fax: 020 8222 7639

The Prostate Cancer Charity Scotland

Unit F22-24 Festival Business Centre, 150 Brand Street,
Glasgow G51 1DH
Email: scotland@prostate-cancer.org.uk
Telephone: 0141 314 0050



Free and confidential Helpline

0800 074 8383*

Mon - Fri 10am - 4pm, Wed 7pm - 9pm

Website: www.prostate-cancer.org.uk



* Calls are free of charge from UK landlines. Mobile phone charges may vary. Calls may be monitored for training purposes. Confidentiality is maintained between callers and The Prostate Cancer Charity.

© The Prostate Cancer Charity June 2010
To be reviewed July 2012

A charity registered in England and Wales (1005541)
and in Scotland (SC039332)

THE
PROSTATE
CANCER CHARITY