

Taking Control

Diet and Lifestyle changes can be an important part of every man's battle with prostate cancer, complementing any drug therapy, surgery, and/or radiation treatment that you might undergo. Eating healthier foods, avoiding smoking, preventing obesity and exercising more, may help keep your body strong to help slow down the progress of your disease.

Your **Clinical Nurse Specialist** can play an important supporting role in the treatment journey on which you are about to embark. These are specialist nurses trained in their chosen cancer field and act as 'key-workers' in caring for a prostate cancer patient. Their knowledge can be invaluable to a patient or his family, enabling them to ask detailed questions which you may feel uncomfortable posing to a consultant. You should be assigned a nurse specialist when you have been diagnosed. Be sure this happens and that you have a nurse available for support.

Trials for Advanced Cancer

If you have been diagnosed with advanced cancer, it may be worth looking at Trials for Prostate Cancer. Your oncologist or nurse specialist should be able to advise what trials are available. It is vital to establish your eligibility for a particular trial, as it is important that you match the criteria of a trial. Details of current trials can be found on:

www.cancerhelp.org.uk/trials/index.htm

The NHS reforms that are currently taking place have a strong emphasis on patient involvement, with a lead title of **"NO DECISION ABOUT ME WITHOUT ME"**. All medical practitioners are now duty bound to involve their patient in every decision made along their pathway of care. You are able to express a preference as to where you are treated, dependent on funding, so you may be able to go out of your area to another trust to receive the treatment you want. See: www.nhs.uk 'You and the NHS' - NHS constitution - your rights to choice.

Here to Help

There can be no better person to talk to than someone who has already experienced what you are going through. PCaSO (standing for Prostate Cancer Support Organisation) is a charity of over 1000 members that is run by men and women who have been affected by prostate cancer and want to promote awareness of this disease and support others who have been diagnosed. Run entirely by volunteers, we hold group meetings at various venues across the Sussex, Hampshire and Dorset region. Our meetings are open and free to attend. We also publish a newsletter, which keeps people up to date with developments in the field of prostate cancer.

**PCaSO provides free and confidential
HELP - SUPPORT - INFORMATION**

**Regular meetings are held in
Dorset - Hampshire - Sussex
Newsletters**

Ask for a copy of our free comprehensive
Information Booklet

**NATIONAL HELP LINE
0800 035 5302**

Monday to Friday: 10am to 7pm

Website: www.pcaso.org

Email: info@pcaso.org

Postal address:

PCaSO Prostate Cancer Network
PO Box 66, Emsworth, Hants, PO10 7ZP

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Founder:

David Rowlands

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Dr Chris Parker, BA, MD, MRCP, FRCR
Dr Angus Robinson, MBBS, MRCP, FRCR

Patrons:

The Very Rev. Nicholas Frayling,
Lord Palumbo of Walbrook,
Bill Beaumont, OBE

PROSTATE CANCER

Newly Diagnosed

KNOWLEDGE



**Prostate Cancer
Support Organisation**

www.pcaso.org

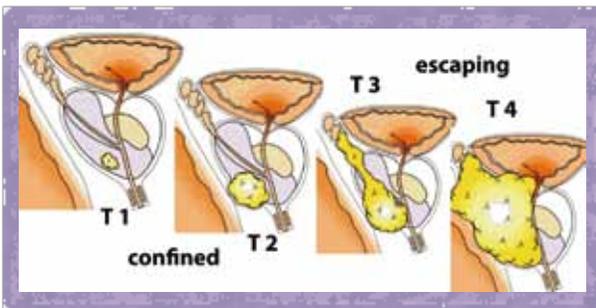
Registered Charity No. 1170536

Understanding your Diagnosis

A member of your healthcare team will have given you the news following several tests performed to determine the cancer diagnosis. These tests may have included a PSA (Prostate Specific Antigen) blood test, a DRE (Digital Rectal Examination), a TRUS Biopsy which gives a 'Gleason score'. You may also have had several scans – a CT (Computer Tomography), an MRI (Magnetic Resonance Imaging) and a bone scan. Previous history of any of these tests would also be taken into account. Collectively the tests give a good indication of the 'stage' of your cancer and the aggressiveness or 'grade'. It is important to know and make a note of what stage and grade your cancer is, as this will determine treatment options.

Staging

The clinical stage is an estimate of how far your cancer has progressed. For example, if the doctors believe your cancer is still entirely confined to the prostate, and they only found the disease because of a slightly elevated PSA test and a small amount of cancer in a couple of biopsy cores, then they are likely to decide you have what would be called clinical stage T1 or T2; this diagnosis would be called 'Localised Prostate Cancer' because the cancer has not spread outside the prostate gland and is the most treatable type of cancer. If your clinical stage is T3 then it is likely you have 'Locally Advanced Prostate Cancer'. This means



Stages T1 to T4, where the tumour (in yellow) develops from a small size to one where it has spread outside the prostate (in grey) to other structures.

the cancer has escaped from the prostate capsule to the immediate surrounding tissue and seminal vesicles. This is still very treatable, but may not be suitable for surgery. If your stage is T4, N1 or M1 then the cancer is termed 'Advanced or Metastatic Prostate Cancer'. This indicates that the cancer has invaded adjacent structures outside the capsule other than the seminal vesicles (T4), spread to the lymph system (N1) or beyond the pelvic area and into the bones (M1). Hormone therapy treatment is the first treatment plan for these stages. Knowing the stage of disease can help to determine how aggressively the disease needs to be treated, and how likely it is to be eradicated by the available treatment options.

Grading

The 'Gleason grading system' identifies five distinct patterns that prostate tumour cells tend to go through as they change from normal cells to advanced tumour cells. The cells are scored on a scale from 1 to 5 (see diagram below).

The Gleason Score

Pathologists looking at the biopsy sample under a microscope assign a Gleason grade, from 1 to 5, to the most similar/common pattern in your biopsy and a second Gleason grade, again 1 to 5, to the second most similar/common pattern. The two grades are added together and determine your Gleason score, normally between 5 and 10.

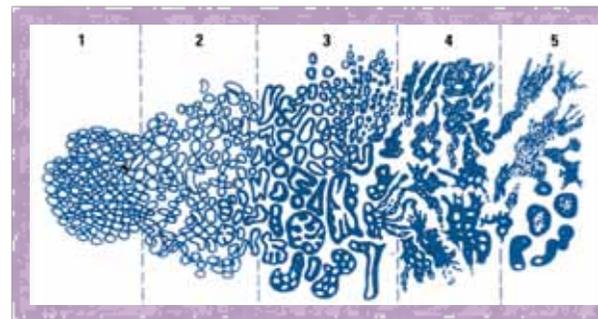


Diagram of Gleason patterns grades 1-5. Grade 5 is the most aggressive.

Generally speaking, pathologists rarely report Gleason scores 2 to 4.

Low-grade tumour cells are indicated by scores 5 or 6.

Intermediate-grade tumour cells are score 7.

High-grade tumour cells score 8 to 10. They have mutated so much that they barely resemble the normal cells.

It is important to know if any Gleason grade 5 is present in one of the readings. Having any Gleason grade 5 found in your biopsy puts you at a higher risk of recurrence following radical treatment.

Treatment Options

Prostate cancer, unlike other cancers, has a wide choice of treatment options. It is important that you are aware of all these options before deciding on the best course of treatment for you. Much will depend on the stage of your cancer and whether you are diagnosed with 'Localised', 'Locally Advanced' or 'Advanced' cancer. See treatment options below –

Localised – Active Surveillance and Watchful Waiting; Surgery (3 types); Radiotherapy (3 types). Also HIFU and Cryotherapy maybe available by entering a clinical trial.

Locally Advanced – Radiotherapy (3 types) + hormone therapy.

Advanced – Hormone therapy; Chemotherapy.

The three most significant clinical factors used to determine which initial therapy might be best for you are:

- the extent of your tumour (stage)
- your overall health
- your age

Psychological factors can also play an important role: only you can know how you want to deal with your disease and whether the potential side effects of one treatment outweigh those of another.