

complementing any drug therapy, surgery, and/or radiation treatment that you might undergo. Eating healthier foods, avoiding smoking, preventing obesity, and exercising more will help keep your body strong to help fight off your disease.

Your Clinical Nurse Specialist can play an important supporting role in the treatment journey you are about to embark on. 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 looking after you.

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 whether you are eligible for a particular trial as the stage of your cancer should match the criteria of that 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 can also choose where you want to be treated, If your local hospital trust does not offer a type of treatment you want, then you can 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.

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 that is run by men who have had 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 southern region supported by over 1000 members. Our meetings are open and free to attend; we also publish a quarterly newsletter, which keeps people up to date with developments in the field of prostate cancer. PCaSO is entirely self-funded, raising money through donations, awareness and social events.

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

**PCaSO Help Line:
0800 035 5302**

(Local Rate Call)
Monday to Friday: 10am to 7pm

For anyone concerned about this disease

A copy of our 48 page Information Booklet

Knowledge Empowers
can be downloaded from our website

www.pcaso.org

or a copy can be requested by post by
phoning our Help Line number.

Local area contact:

Founder:

David Rowlands

Medical Advisors:

Mr Christopher Eden *MS FRCS (Urol.)*
Dr Chris Parker, BA, MD, MRCP, FRCP
Dr Angus Robinson, MBBS, MRCP, FRCP

Patrons:

The Duke of Richmond & Gordon
The Very Rev. Nicholas Frayling,
Lord Palumbo of Walbrook,
Bill Beaumont, OBE

PROSTATE CANCER

Newly diagnosed



**Prostate Cancer
Support Organisation**

**Help line:
0800 035 5302**

www.pcaso.org

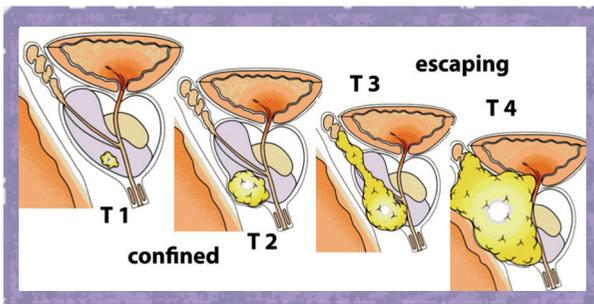
Registered Charity No. 1170536

Understanding Your Diagnosis

Your hospital consultant will have given you the bad news following several tests performed to determine the cancer diagnosis. These tests should 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 a CT (Computer Tomography) scan and an MRI (Magnetic Resonance Imaging) 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 doctor believes your cancer is still entirely confined to the prostate, and he only found the disease because of a slightly elevated PSA test and a small amount of cancer in a couple of biopsy cores, then he is 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 of 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 the cancer



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.

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' accounts for the 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:

'Low-grade' tumour cells (those closest to 1) tend to look very similar to normal cells.

'High-grade' tumour cells (closest to 5) have mutated so much that they often barely resemble the normal cells.

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 (between 2 and 10).

Generally speaking, cancers with lower Gleason scores (2 - 4) tend to be less aggressive, while cancers with higher Gleason scores (7 - 10) tend to be more aggressive.

It's also important to know if any Gleason 5 is present in one of the readings. Most pathologists will report this. Having any Gleason 5 found in your biopsy puts you at a higher risk of recurrence.

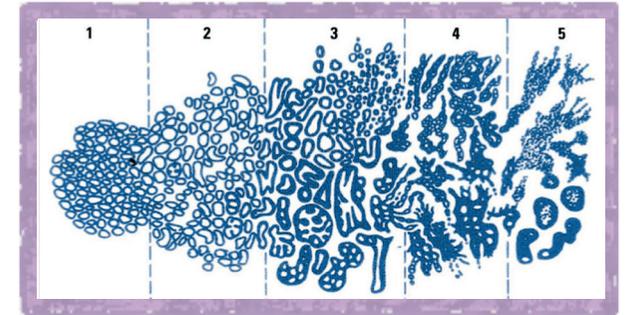


Diagram of Gleason patterns grades 1-5. Grade 5 is the most aggressive.

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 & Watchful Waiting; Surgery (3 types); Radiotherapy (3 types); HIFU; Cryotherapy.

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.

Taking Control

Diet and Lifestyle changes should be an important part of every man's battle with prostate cancer,