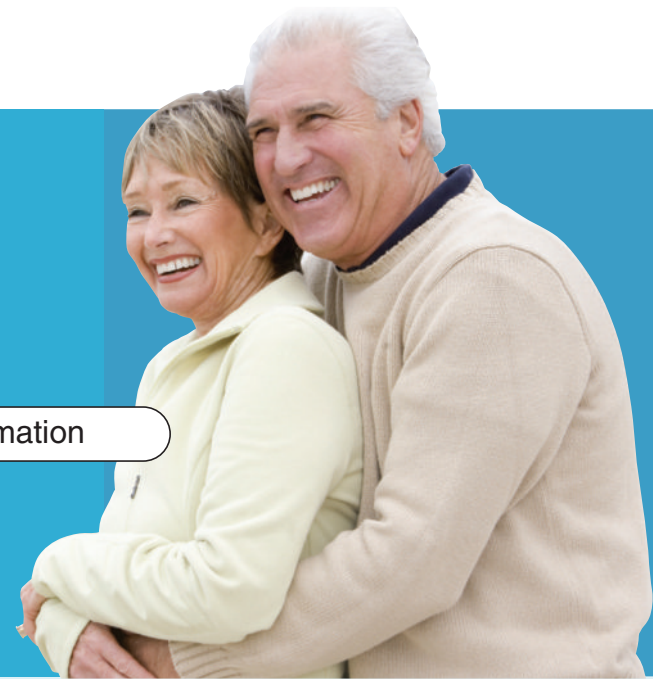


Prostate Brachytherapy

Patient information

Know the Score...



Prostate Specific Antigen – Understanding your test results

This leaflet will tell you about:

The prostate gland

- What and where it is.
- Problems that may occur.

The PSA test

- What it measures.
- What the results mean.
- What happens if your PSA is higher than expected for your age.

This leaflet is for you if:

- You need to have a PSA test.
- You have had a PSA test.
- Your PSA level is higher than expected or is increasing.

A PSA test is one of a number of different blood tests that your doctor may request to check your health. It measures how much **prostate specific antigen** (a protein produced by your prostate gland) is present in your blood.

Your doctor may ask you to have a PSA test to check how much PSA your prostate gland is making. The results will help your doctor to decide:

- Whether to rule out problems with your prostate gland.
- Whether to wait, treat any symptoms you may have, and then repeat the test again.
- Whether to refer you to a hospital specialist for further investigations.

Prostate Brachytherapy

Advisory Group

Prostate Specific Antigen and your prostate

The prostate gland

The **prostate** is a small gland (the size of a walnut) found only in men. It lies just below the bladder and is involved in making semen. It also produces **prostate specific antigen (PSA)**. The urethra (the tube that carries urine out of the bladder) passes through the centre of the prostate gland and through the penis.

As you get older your prostate gets larger as part of the normal aging process and the amount of PSA it produces also increases.

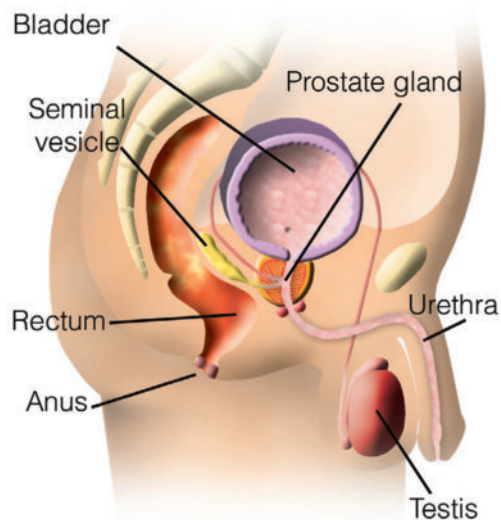


Figure 1: Location of the prostate gland

If the amount of PSA in your blood is above the level expected for your age, or has increased since your last PSA test, you may have prostate cancer, or your prostate gland may have increased in size (enlarged) due to a condition known as benign prostatic hyperplasia (BPH) or there may be other causes such as an **infection**, or **inflammation** (known as **prostatitis**).

If your prostate has grown in size it may affect how frequently you pass water, how long it takes to empty your bladder or you may feel that your bladder is never completely empty. However, not all men with an enlarged prostate will have symptoms, and if symptoms are present they are usually due to a benignly enlarged gland (BPH) rather than prostate cancer.

A PSA test acts as your signpost. It can indicate that prostate cancer is present at an early stage but, if the results are normal, it may provide you with the reassurance that cancer is unlikely. If the results are higher than expected it can also help your doctor decide what treatment pathway you need to follow. However, a PSA test is not foolproof. Additional tests are needed to confirm or rule out any of the possible diagnoses.

About **2 in 3** men with a slightly raised PSA will **not** have prostate cancer

About **1 in 7** men with prostate cancer will **not** have a raised PSA

Know your options

The PSA pathway will take you in various directions according to your diagnosis and how advanced your condition is. Along the way you will need to make decisions about the different options available to you. Do not be afraid to ask questions. Talk to your doctor and ask for more information when you need it.

Some of the treatment options are simple but others may need more consideration and will be suggested based on the nature of your condition. Here are a few of the most commonly used treatment options.



Prostatitis

- **Antibiotics** to treat the infection (if present).
- **Medicines** that relieve spasm, pain or inflammation.
- **Self-help measures** to help prevent infection and inflammation.

Benign prostatic hyperplasia (BPH)

- **Monitoring** – for those with mild symptoms. Self-help measures to reduce symptoms with regular check-ups with your doctor, for example, avoiding caffeinated drinks such as coffee or tea.
- **Medicines** to relax the muscles within the prostate, or to shrink the size of your prostate.
- **Surgery** to remove some of the prostate gland to unblock the flow of urine from the bladder – usually all surgery is carried out through the water pipe.

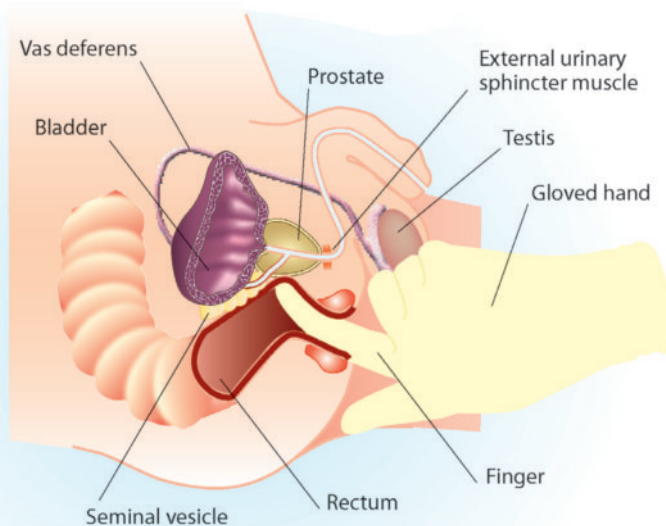
Prostate cancer

- **Watchful waiting** – for those without symptoms. Regular check-ups with your doctor including repeat PSA tests. Treat with hormone therapy only when symptoms develop.
- **Active surveillance** – regular check-ups with your doctor including repeat PSA tests and biopsies. Curative treatment only if and when necessary to avoid spread of the disease.
- **Prostate brachytherapy** – radiotherapy that targets a dose of radiation directly at prostate cancer cells from within the gland through the insertion of tiny seeds – the size of a grain of rice.
- **External beam radiotherapy** – radiotherapy directed at the prostate from outside the body over several weeks.
- **Radical prostatectomy** – surgery to remove the whole gland by open or keyhole methods.
- **Hormonal therapy** – medicines to stop your body from making hormones or stopping their action. Some hormones made in your body can cause prostate cancer cells to grow.

Prostate cancer

Prostate cancer is one of the most common cancers in men. It tends to grow slowly, and at the start it is symptomless. It may take some years before any symptoms develop but if it is detected early the chance of successful treatment is increased. Similarly, the earlier prostate cancer is detected the greater the choice of treatment options.

The PSA test is a simple blood test that can help your doctor find out whether there is a chance (however likely or not) that you may have prostate cancer. If your PSA score is abnormal your doctor will refer you to a hospital specialist but you will need further investigations before it is certain that you have prostate cancer. At the hospital you may have:



A digital rectal examination (DRE)

Your specialist will insert a lubricated gloved finger (digit) into your back passage (rectum) to assess the size and shape of your prostate gland. Your doctor may have already carried out a DRE of your prostate gland but the specialist may need to repeat it.

A prostate biopsy

A small ultrasound probe (the size of a finger) is inserted into the back passage and a fine needle removes tiny samples of prostate tissue for analysis. A local anaesthetic is given to keep you comfortable and the procedure, carried out in the out-patient department, takes about 20 minutes.

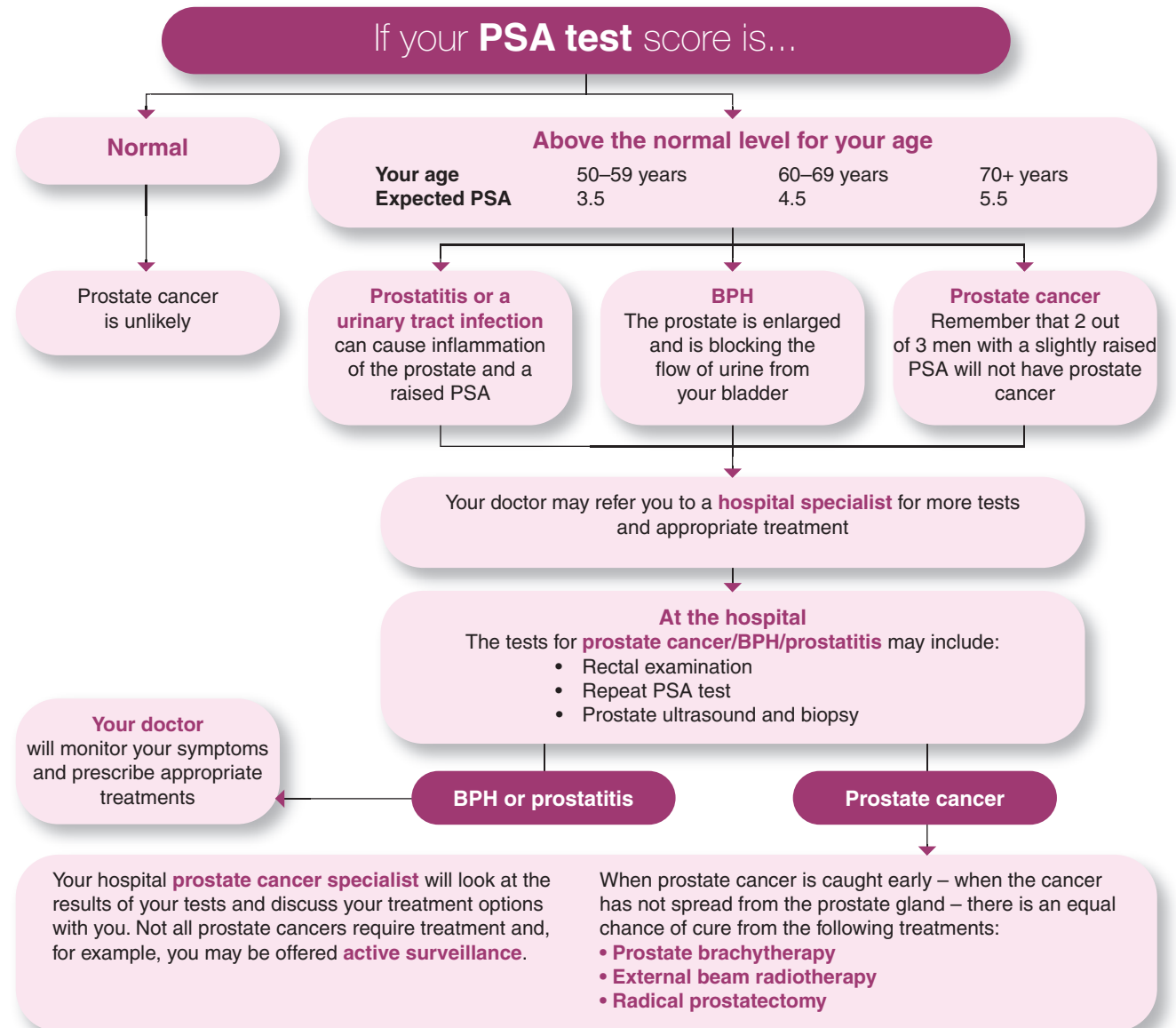
Depending on the results of this test and possibly others (for example, bone scans or MRI) your hospital specialist will be able to decide whether you have prostate cancer or not, and if so, whether it is:

- **Localised** – only in your prostate gland and has not spread
- **Locally advanced** – in your prostate gland but has also spread to areas immediately outside your prostate (such as your bladder or seminal vesicles)
- **Metastatic** (or advanced) – in your prostate gland but spread to other parts of your body (such as your lymph glands or bones)

Prostate Specific Antigen and your prostate

At the doctor's surgery

- Your doctor will ask questions about your general health and any symptoms you may have
- You may have a rectal examination so that your doctor can feel the size and shape of your prostate gland
- You may be asked for a urine sample to see if there is any infection present
- You may be asked to have some blood tests, one of which will be a PSA test



Next steps

Know the Score leaflet

The Prostate Brachytherapy Advisory Group is dedicated to supporting universal patient access to high-quality low dose-rate (LDR) prostate brachytherapy for the treatment of localised prostate cancer in the UK. PBAG comprises a group of medical and NHS representatives with an active interest in the commissioning of services and the provision of care.

One of the aims of the group is to improve the prostate cancer patient journey by increasing patients' understanding and helping them make informed treatment choices. This leaflet was designed to help raise awareness of all of the causes of elevated PSA test results and potential treatment options that might be appropriate in each case. We hope this is of help to you in your discussions with your GP or hospital specialist about next steps.



NHS Choose & Book

Choose & Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.

When you and your GP agree that you need to see a specialist you will be able to choose from at least four hospitals or clinics. You will also be able to choose the date and time of your appointment.

For further information regarding this service please go to www.chooseandbook.nhs.uk and talk to your GP about setting up a patient referral number and password.

Sources of further information

British Prostatitis Support Association
www.bps-assoc.org.uk

NHS Choices
www.nhs.uk

Patient UK
www.patient.co.uk

Prostate Brachytherapy Advisory Group
www.prostatebrachytherapyinfo.net

Prostate UK
www.prostateuk.org

The Prostate Cancer Charity
www.prostate-cancer.org.uk



Prostate Brachytherapy

Advisory Group

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