

Understanding

The PSA Test

Understanding

The PSA Test

This booklet has been written to help you understand more about PSA (prostate specific antigen), the test and its relevance to the diagnosis and treatment of prostate cancer. The booklet has been prepared and checked by GPs, cancer doctors and nurses, and is an agreed view on this test.

If you like, your doctor can go through the booklet with you and mark sections that are important for you. You can also list below any contact names and information that you may need.



Specialist nurse

Tel:

Family doctor (GP)

Tel:

Surgeon/urologist

Tel:

Date of first PSA test

Result:

Date of biopsy

Result:

If you like, you can also add:

Your name

Address

This booklet has been produced by Nursing Services in the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible.

PSA ADVISERS

Mr Robert Flynn, Consultant Urologist
Prof John Armstrong, Consultant Radiation Oncologist
Dr Brendan Clune, General Practitioner
Sonya Bowen, Prostate Clinical Nurse Specialist
Sheila Kiely, Urology Clinical Nurse Manager

CONTRIBUTOR

Karen Flynn, Cancer Information Service Nurse

EDITOR

Antoinette Walker

SERIES EDITOR

Joan Kelly, Nursing Services Manager

The following sources were used in the publication of this booklet:

- *Cancer Factsheet: Prostate*. National Cancer Registry Ireland, 2013.
- *Cancer in Ireland 2013*. National Cancer Registry Ireland, 2013.
- *National Prostate Cancer GP Referral Guidelines*. National Cancer Control Programme, 2011.
- Screening and prostate-cancer mortality in a randomized European study. FH Schröder, H Fritz, et al. *New England Journal of Medicine* 360(13), 2009.
- Mortality results from a randomized prostate-cancer screening trial. GL Andriole, ED Crawford et al. *New England Journal of Medicine* 360(13), 2009.

Published in Ireland by the Irish Cancer Society.

© Irish Cancer Society 2006, reprinted 2007, revised 2009, 2012, 2014

Next revision: 2016

Product or brand names that appear in this book are for example only. The Irish Cancer Society does not endorse any specific product or brand.

All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, electronic or mechanical, including photocopying, recording or any information storage and retrieval system, without permission in writing from the Irish Cancer Society.

ISBN 0-95323-690-1

Contents

4 Introduction

PSA and prostate problems

- 5 What is the PSA test?
- 5 What is the prostate gland?
- 6 What are common prostate problems?
- 7 What is my risk of prostate cancer?

Prostate cancer screening

- 9 What is prostate cancer screening?
- 9 Should I have a PSA test or not?
- 10 Where do I have a PSA test?
- 11 What affects my PSA level?
- 11 What is a digital rectal exam?

PSA results

- 15 What happens if my PSA is normal?
- 15 What happens if my PSA is raised?
- 16 What happens if I am referred to a urologist?
- 16 What is a prostate biopsy?
- 18 What happens if my biopsy result does not show prostate cancer?
- 19 What happens if my biopsy result does show I have prostate cancer?

Support resources

- 21 Irish Cancer Society services
- 25 Useful organisations
- 25 Helpful books
- 26 What does that word mean?
- 27 Questions to ask your doctor
- 28 Your own questions

Introduction

This booklet has been written to give you information about the PSA test. You can use it when deciding to have a PSA test or not, and to learn more once you have had the test. PSA stands for prostate specific antigen. This is a protein made by your prostate gland and which is measured in your blood.

The booklet includes information about:

- The PSA blood test
- Your prostate gland and what it does
- Common prostate problems
- The pros and cons of having a PSA blood test
- Other tests on the prostate gland

Having a PSA test can make you anxious, especially waiting for results or being concerned over an abnormal result. It can also be hard to decide if having the PSA test is a good idea or not. Many doctors across the world do not agree on this subject. As a result, there are many unanswered questions about whether a PSA test is helpful or not. If you are unsure, visit your GP to discuss it further. You can also call the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre. See page 22 for more details on Daffodil Centres.



PSA and prostate problems

What is the PSA test?

The PSA test measures the level of PSA in your blood. PSA or prostate specific antigen is a protein made by your prostate gland that naturally spills into your bloodstream. This protein turns semen into liquid.

PSA is made by normal prostate cells as well as by prostate cancer cells. If your PSA level is higher than normal, it can sometimes be a sign of prostate cancer. But often it can be a sign of a less serious condition like an enlarged or inflamed prostate.

A PSA test alone cannot show if prostate cancer is present. The test also cannot tell you why the PSA is raised. A raised PSA will prompt your doctor to take a further look at your prostate using other tests. These tests can find out why your PSA is high.

»»» A PSA test alone cannot show if prostate cancer is present.

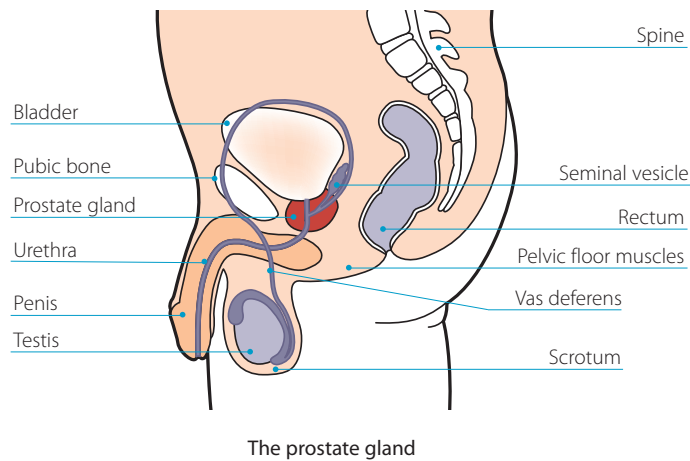
The only way to make a definite diagnosis of prostate cancer is by taking a sample of tissue from your prostate gland. This is called a biopsy. Only this test can show if cancer cells are present or not.

What is the prostate gland?

The prostate is a gland found only in men. It is part of the male reproductive system. The gland is about the size and shape of a walnut and lies below your bladder, just in front of your back passage (rectum). A tube running through the middle of your prostate from your bladder allows you to pass urine. This tube is called the urethra.

What does the prostate do?

Your prostate makes a thick white fluid that mixes with sperm to make semen. PSA is a protein needed for this to happen.



What are common prostate problems?

The most common prostate problems include:

- Benign enlarged prostate
- Inflammation of your prostate (prostatitis)
- Cancer of your prostate

All of these conditions can cause a raised PSA. Because your prostate gland is so small, you are unlikely to be unaware of it unless it causes problems.

Benign prostatic hyperplasia

The most common prostate problem is a benign enlarged prostate. This is also called benign prostatic hyperplasia (BPH). Benign means it is not cancer. BPH means your prostate gland has got bigger. This is quite common as men get older. Sometimes when your prostate gland gets bigger, your stream of urine can slow down, as the gland squeezes the tube closed. The treatment for BPH depends on the symptoms causing you trouble and if there is any obstruction caused by your enlarged prostate gland.

Prostatitis

Prostatitis is inflammation or infection of your prostate gland. It is not a form of prostate cancer. It can affect men at any age but is more common in men aged 30–50. Some men get testicular discomfort, pain when passing urine or an uncomfortable feeling when sitting down. Prostatitis is often treated with antibiotics.

Prostate cancer

Prostate cancer is when normal cells in your prostate gland change and start to grow abnormally. Some prostate cancers grow slowly and may not cause symptoms or harm you in any way. For this reason, not all prostate cancers need treatment straight away. But some prostate cancers can grow more quickly and will need treatment.

What are prostate symptoms?

It is quite common for men with prostate cancer to have no symptoms at all. So it is not safe to assume that if you have none of the symptoms listed below you cannot have prostate cancer.

Problems passing urine are common as you get older. They can be caused by benign growth of your prostate or by prostate cancer. If you have any of the following symptoms, do talk to your GP:

- A slow flow of urine
- Trouble starting or stopping the flow of urine
- Passing urine more often, especially at night
- The feeling of not having emptied your bladder
- Pain when passing urine
- Blood in urine or semen

What is my risk of prostate cancer?

One in nine men will be diagnosed with prostate cancer during their lifetime. In Ireland, it is the second most common cancer in men after skin cancer. About 3000 men are diagnosed with prostate cancer in Ireland each year.

The exact cause of prostate cancer is unknown at present. But there are certain things called risk factors that can increase your chance of getting the disease. These include:

- **Age:** Your risk increases as you get older. Prostate cancer rarely affects men under 50. The average age to be diagnosed with prostate cancer in Ireland is 67. Even so, there have been increasing numbers of men in their 50s diagnosed over the last 10 years. The rate of prostate cancer is very high if you live into your 80s and 90s. Often in this age group, prostate cancer does not cause symptoms or threaten your life, as it is very slow growing.
- **Family history:** You are more likely to get prostate cancer if your brother or father had prostate cancer. If they were under age 60 when diagnosed, your risk is increased further. If you have more than one close relative diagnosed with prostate cancer, your risk is also increased. It is believed that only a very small number of prostate cancer cases are linked to family history.
- **Race:** If you are an African-American or African-Caribbean man, you are more at risk than other ethnic groups.
- **Diet and exercise:** If you eat a lot of red meat, processed food and high-fat dairy products and not enough fruit and vegetables, you might have a higher risk of prostate cancer than those who eat a healthy diet. If you exercise regularly, you might be less at risk than those who do little exercise.



To sum up

- PSA or prostate specific antigen is a protein made by your prostate gland that naturally spills into your bloodstream. It turns semen into liquid.
- PSA is made by normal prostate cells as well as cancer cells.
- PSA can be high for a number of reasons.
- Problems passing urine can be linked to benign enlargement of your prostate or prostatitis as well as prostate cancer. There are often treatments that can improve these symptoms so do visit your GP to discuss them.
- Very often men with prostate cancer have no urinary symptoms at all.
- Prostate cancer can be slow growing and may not need treatment. But in other cases it can grow more quickly and treatment is needed.

Prostate cancer screening

What is prostate cancer screening?

Checking for prostate cancer when you have no symptoms is called screening. At present there is a worldwide debate on the value of prostate screening. It is not known for sure if screening can reduce the number of deaths from prostate cancer. Two large research trials of PSA screening have been carried out. One trial was from the USA and the other from Europe. Unfortunately, the results have not been clear one way or the other. As a result, the decision to screen or not to screen remains controversial.

In Ireland and other European countries at present, PSA testing is not used for screening for the following reasons:

- Some men with prostate cancer do not have a raised PSA level.
- Two out of three men with a raised PSA do not have prostate cancer.
- It is not certain what is the best way to treat early prostate cancer.
- The treatments can cause distressing side-effects.

»» It is not known for sure if screening can reduce the number of deaths from prostate cancer.

Should I have a PSA test or not?

Many people think having a PSA test is just a simple blood test. On the one hand, it is but on the other, it's not. It can lead to you making big decisions that will affect your life and lifestyle. The things that may influence your decision to have a test are personal to you. That is why there are no hard and fast rules about having a PSA test.

For this reason do discuss how you feel with your doctor. When deciding to have a PSA test, it can help to ask yourself the following questions:

- Am I at risk of prostate cancer?
- Do I have any urinary or prostate problems?
- What would I choose to do if my PSA level was raised?
- What would I do if I were diagnosed with early prostate cancer?
- What difference will it make for me to know?

Reading this booklet may help you to decide the answers to some of these questions.

Making your decision

When choosing to have your PSA tested or not, you need to know the full facts and what is relevant to you personally. Your doctor should discuss the pros and cons of having the test with you and help you make the right decision for you.

If you have a family history of prostate cancer, or are in another high-risk group, you may want to discuss PSA testing with your doctor from the age of 40. If you have no family history of prostate cancer and are not in a high-risk group, many doctors feel it is best to discuss PSA testing from the age of 50.

In general, routine PSA testing in men over 70–75 is not advised due to the slow-growing nature of prostate cancer. It may be needed if you have an abnormal rectal exam or troublesome urinary symptoms. But your doctor will discuss this with you.

Where do I have a PSA test?

Your GP will arrange for you to have a PSA test once he or she has discussed the pros and cons with you. Your GP will send the blood test to a hospital laboratory. It will take at least a week or two for the result to come back.

If you have any questions, you can ask your GP before you have the PSA test. If you find it hard to remember what you want to ask, you can take this booklet with you to remind yourself. Your GP will ask you about your general health and any urinary symptoms. He or she may also examine your prostate gland by putting a gloved finger into your back passage.

What affects my PSA level?

The PSA test cannot diagnose prostate cancer. In about 1 in 5 men the PSA may not be raised even when cancer cells are present.

As you get older, PSA naturally gets higher. About two-thirds of men with a raised PSA do not have prostate cancer.

There are many things that can affect your PSA level. These include:

- A urine infection within the previous 6 weeks
- A recent operation on your prostate gland
- A recent prostate biopsy
- Ejaculation within the previous 48 hours
- An enlarged prostate gland
- Tests on your bladder or prostate gland, especially a tube (catheter) placed there
- Inflammation of your prostate gland
- Prostate cancer

PSA levels

PSA is measured in nanograms, which is a billionth of a gram. It is written as ng/ml. PSA levels can range from less than 1ng/ml up into the 100s and beyond. In Ireland, most hospitals have an age-related reference range.

Age	Reference range
40–49	up to 2.5 ng/ml
50–59	up to 3.5 ng/ml
60–69	up to 4.5 ng/ml
70–70	up to 6.5 ng/ml

Some drugs such as finasteride and dutasteride, which are taken for an enlarged prostate, can make the PSA appear lower than it is. Doctors usually allow for this by doubling your PSA result if you are on these medications.

What is a digital rectal exam?

Your doctor might also do a digital rectal exam (DRE). For this, he or she puts a gloved finger into your back passage (rectum) to feel the

size and shape of your prostate. The test may be uncomfortable or embarrassing but it is quick.

With this test, your doctor checks the size and texture of your prostate gland. An abnormal exam usually means a change in the texture of the gland, such as an irregular or hard area. If your doctor feels this, he or she will refer you to a specialist doctor (urologist), even if your PSA is normal.

A normal rectal exam does not mean that you do not have prostate cancer. But a prostate gland with a hard lumpy area does suggest prostate cancer. A biopsy is usually advised in this case.



To sum up

- Checking for prostate cancer when you have no symptoms is called screening.
- It is not known for sure if screening can reduce the number of deaths from prostate cancer.
- Talk to your GP when deciding if you should have a PSA test or not.
- The PSA test is not reliable for diagnosing prostate cancer.
- With a digital rectal exam, your doctor checks the size and texture of your prostate gland.



Advantages of having a PSA test

- It may pick up an early prostate cancer before you get symptoms.
- It can be used to monitor you, if you are at higher risk of getting prostate cancer.
- A normal result may reassure you.
- Repeat tests (each year) can identify changes which may show there is a problem in your prostate gland.
- It may pick up a high-risk prostate cancer at an earlier stage, which may prevent the cancer from becoming advanced.



Disadvantages of having a PSA test



- Around two-thirds of men with a raised PSA test do not have prostate cancer.
- It will not pick up all prostate cancers. Some men with prostate cancer have a normal PSA level.
- If your PSA is raised you may need further tests, which can cause anxiety and may have some side-effects.
- It cannot tell you if a prostate cancer is slow or fast growing. A slow-growing cancer may not cause any symptoms or shorten your life and may not need treatment.
- If you are diagnosed with a slow-growing prostate cancer that does not need treating, you may be anxious about the lack of treatment.
- A normal result does not mean you will not get prostate cancer in the future.





PSA results

What happens if my PSA is normal?

If your PSA is normal and your prostate gland feels normal, your GP will advise you if and when you need to think about having your PSA test repeated. This will vary from man to man, and depend on your age, general health and urinary symptoms.

If your PSA is normal but your prostate gland feels abnormal, your GP will refer you to a urologist. If you have a normal PSA but are troubled by urinary symptoms, you may still be referred to a urologist to help improve your symptoms.

What happens if my PSA is raised?

Your GP will take a number of factors into account when deciding the next steps for you. Your age, medical history and results of your rectal exam will all play a part in the decision.

If your PSA is a little raised and you have no other abnormal results (such as from the rectal exam), your GP will usually advise you to have your PSA repeated in about 6 weeks' time.

If your PSA is raised a second time, he or she will usually advise you see a urologist to discuss having a prostate biopsy. If your PSA is very high (such as over 100), usually your doctor will refer you to a urologist straight away.

>>> If your PSA is raised, your doctor will look at your age, medical history, and results of your rectal exam before making a decision.



National Cancer Helpline Freephone 1800 200 700

What happens if I am referred to a urologist?

If you have two raised PSA tests, or an abnormal rectal exam or a very high PSA, your GP will refer you to a urologist. This may be at one of the rapid access prostate cancer clinics, which were set up in various centres around the country. Or you may be referred to a urologist in a public or private hospital.

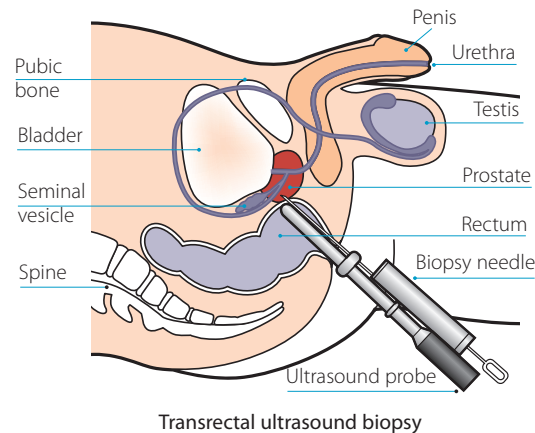
Your urologist will discuss if you need to have a prostate biopsy. The rapid access clinics often offer a prostate biopsy on the first visit. If this is the case, they will write to you to explain it beforehand. If you are on medication to thin your blood, do tell them before you attend.

What is a prostate biopsy?

A biopsy of your prostate involves an ultrasound scan of your prostate before tissue is removed using a special needle. The test is called a transrectal ultrasound and biopsy.

The ultrasound uses sound waves to build up a picture of your prostate. A small device called a probe is passed into your back passage first and an image of your prostate appears on a computer screen. Your doctor then measures the size and density of your prostate. The scan may be uncomfortable but it is quick.

Your doctor takes samples of prostate tissue (biopsy) during the transrectal ultrasound. You will be given a local anaesthetic injection before the samples are taken to help with any discomfort. The needle is put in through the probe. Usually your doctor will take 10 to 12



samples. The samples are then looked at under a microscope for any cancer cells. Taking the biopsy can be uncomfortable or a little painful. Some men describe it like the sting you get from being flicked with an elastic band. Usually a general anaesthetic is not needed.

What are the risks?

Infection: There are some risks when doing a biopsy. There is a chance of infection, so you will be given antibiotics before and afterwards. It is very important that you take these antibiotics to prevent a serious infection getting into your bloodstream. On rare occasions you may need a second course of antibiotics or need to be admitted to hospital for antibiotics into a vein.

Prostate biopsy and infection risk

After a prostate biopsy there is a risk of infection. Follow the instructions of your doctor or nurse carefully and remember:

- Take your antibiotics exactly as instructed.
- If you feel unwell or have a temperature in the days after a prostate biopsy, go to the emergency department of your local hospital. Tell the staff that you have had a prostate biopsy as you may need antibiotics into your vein.

Passing blood: It is not uncommon to pass blood from your back passage for some days after the biopsy. You might also get some blood in your urine or in your semen. This could last for some weeks after the biopsy. Sometimes it goes away and comes back again, but it is nothing to worry about.

How accurate is the biopsy?

The biopsy can sometimes miss prostate cancer. It is possible that cancer is not present in the area of the prostate where the biopsy was taken, but it might be in another area close by. You might need further blood tests and biopsies to find out why your PSA is raised.

Advantages of having a prostate biopsy

- It can help to find out if a prostate cancer is present.
- It can give more information on how much cancer is present in the samples taken, how aggressive it might be, and if it might spread or not.
- It can help your doctors decide which treatment options may be suitable for you.

Disadvantages of having a prostate biopsy

- The biopsy may 'miss' the cancer if it lies in an area of the prostate where a sample was not taken from.
- 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 decide whether to have treatment or not.
- It can cause short-term side-effects, such as blood in your urine, stools or semen.
- You are also at risk of developing a serious infection called septicaemia, but it is rare. You will have antibiotics before and after your biopsy to help prevent infection.
- You might find the test painful, uncomfortable and embarrassing.

What happens if my biopsy result does not show prostate cancer?

A biopsy result that does not show prostate cancer cannot guarantee there is not cancer elsewhere in your prostate gland. In this case, you might be advised to:

- Go back to your GP and continue to have your PSA checked.
- Have a repeat prostate biopsy if your PSA changes in the future, even if your biopsy showed no abnormal cells.
- Have a repeat biopsy sooner rather than later because your biopsy showed abnormal cells.
- Have another type of PSA blood test.

Other tests

PSA velocity: This is a measure of how fast the PSA level rises over time. For example, if it changes rapidly or rises by 0.5 ng/ml per year, it may be significant. This means that a repeat biopsy might be considered.

Free/Total PSA: PSA occurs in two major forms in your blood. One form is attached to blood proteins while the other circulates freely and is not attached. The free PSA is the amount that circulates freely compared to the total PSA level. The percentage of free PSA is lower in men who have prostate cancer. Some urologists use this test to help decide if you need to have another prostate biopsy.

PCA3: This is a fairly new test that checks your urine. It tests a gene made in small amounts by normal prostate cells but in much larger amounts by prostate cancer cells. A PCA3 test cannot say for certain if you have prostate cancer, but can show how likely it is. Again, it may be used to help decide if you need to have a repeat biopsy. It is only privately available in Ireland at present and costs about €450.

What happens if my biopsy result does show I have prostate cancer?

If you have prostate cancer, you will often be given several treatment options. You need time to think about all of your options. Take plenty of time and do not rush into making a decision. You may need to have further tests to find out more about your prostate cancer.

As prostate cancers can be slow growing or fast growing there are often different treatment options available to you. Your doctor will help explain them to you.

Prostate cancer can be managed by:

- Active surveillance
- Radiotherapy
- Surgery
- Hormone therapy

Reactions to a cancer diagnosis

Many men feel shocked and upset when they receive a diagnosis of prostate cancer. You may wish to talk to someone else who has been

through this diagnosis. The Irish Cancer Society funds a range of support groups set up to support you and your family at time of diagnosis, throughout treatment and afterwards. Men Against Cancer (MAC) is a support group for men with prostate cancer.

MAC provides men and their relatives and friends with information, advice and emotional support from time of diagnosis and for as long as it is needed. This support group consists of volunteers who have had treatment for prostate cancer. These men are carefully selected after recovery and trained to provide information and reassurance at a time when you need it most.

This service is provided on a one-to-one basis and is confidential. Call the National Cancer Helpline on 1800 200 700 if you wish to make contact with a person from MAC.

You may also wish to read one of the prostate cancer booklets published by the Irish Cancer Society to help you decide on your treatment choice. See page 25 for more details.



Support resources

Irish Cancer Society services

The Irish Cancer Society funds a range of support services that provide care and support for people with cancer at home and in hospital.

- Cancer Information Service (CIS)
- Daffodil Centres
- Cancer support groups
- Survivors Supporting Survivors
- Counselling
- Night nursing
- Oncology liaison nurses
- Cancer information booklets and factsheets
- Financial support
- Care to Drive transport project

Cancer Information Service (CIS)

The Society provides a Cancer Information Service with a wide range of services. The **National Cancer Helpline 1800 200 700** is a freefone service that gives confidential information, support and guidance to people concerned about cancer. It is staffed by specialist cancer nurses who have access to the most up-to-date facts on cancer-related issues. These include prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. The helpline can also put you in contact with the various support groups that are available. The helpline is open Monday to Thursday from 9am to 7pm, and every Friday from 9am to 5pm.

- The website **www.cancer.ie** provides information on all aspects of cancer.
- All queries or concerns about cancer can be emailed to the CIS at **helpline@irishcancer.ie**
- **Message Board** is a discussion space on our website to share your stories and experiences with others.
- The **CancerChat** service is a live chatroom with a link to a Cancer Information Service nurse.
- The **walk-in caller service** allows anyone with concerns about cancer to freely visit the Society to discuss them in private.
- Find us on **Facebook** and follow us on **Twitter** (@IrishCancerSoc).

Daffodil Centres

Daffodil Centres are located in a number of Irish hospitals. They have been set up by the Irish Cancer Society in partnership with each hospital and are an extension of the Cancer Information Service. They are generally found near the main entrance of the hospital and are open during the day. Staffed by a specialist nurse and trained volunteers, they provide a range of information, advice, help and support on all aspects of cancer, free of charge. Daffodil Centres give you a chance to talk in confidence and be listened to and heard. If you are concerned about cancer, diagnosed with cancer or caring for someone with cancer, you are welcome to visit the centre. Do check to see if there is a Daffodil Centre in your hospital.

Cancer support groups

The Irish Cancer Society funds a range of support groups set up to support you and your family at time of diagnosis, throughout treatment and afterwards. See page 20 for more details about Men Against Cancer (MAC).

Survivors Supporting Survivors

Being diagnosed with cancer can be one of the hardest situations to face in your lifetime. Survivors Supporting Survivors is a one-to-one support programme run by the Irish Cancer Society. It provides emotional and practical support to newly diagnosed patients. It can provide you and your relatives with information, advice and emotional support from time of diagnosis and for as long as is needed. All the volunteers have had a personal experience of cancer and understand the emotional and physical impacts of the disease. They are carefully selected after recovery and are trained to provide information and reassurance on the phone. The service is provided on a one-to-one basis and is confidential. If you would like to make contact with a volunteer, call the National Cancer Helpline on 1800 200 700.

Counselling

Coping with a diagnosis of cancer can be very stressful at times. Sometimes it can be hard for you and your family to come to terms with your illness. You might also find it difficult to talk to a close friend or

relative. In this case, counselling can give you emotional support in a safe and confidential environment. Call the National Cancer Helpline on 1800 200 700 to find out about counselling services provided by the Irish Cancer Society and services available in your area.

Night nursing

The Society can provide a night nurse, free of charge, for up to 10 nights if you need end-of-life care at home. The night nurse can also give practical support and reassurance to your family. You can find out more about this service from your GP, local public health nurse, a member of the homecare team or the palliative care services at the hospital. Homecare nurses can offer advice on pain control and managing other symptoms.

Oncology liaison nurses

The Society funds some oncology liaison nurses who can give you and your family information as well as emotional and practical support. Oncology liaison nurses work as part of the hospital team in specialist cancer centres.

Cancer information booklets and factsheets

These booklets provide information on all aspects of cancer and its treatment, while the factsheets deal with very specific topics. The booklets also offer practical advice on learning how to cope with your illness. These booklets and factsheets are available free of charge from the Irish Cancer Society by calling 1800 200 700. They can also be downloaded from www.cancer.ie or picked up at a Daffodil Centre.



Financial support

A diagnosis of cancer can bring with it the added burden of financial worries. In certain circumstances, the Irish Cancer Society may be able to provide limited financial help to patients in great need. You may be suitable for schemes such as Travel2Care or Financial Aid.

Travel2Care is funded by the National Cancer Control Programme (NCCP) and managed by the Irish Cancer Society. The scheme can help with your travel costs if you have genuine financial hardship due to travelling to a designated cancer centre or approved satellite centre. It will help with the costs of public transport, such as trains or buses, private transport costs, or petrol and parking. If you are travelling over 30 km to a Rapid Access Diagnostic Clinic, you may qualify for the Travel2Care scheme.

Travel2Care: If you would like to request this kind of help, contact your oncology nurse or the Irish Cancer Society at (01) 231 6643 / 231 6619 or email: travel2care@irishcancer.ie

Financial Aid: A special fund has been created to help families in financial hardship when faced with a cancer diagnosis. If this applies to you, contact the medical social work department in your hospital. You can also speak to your oncology nurse or contact the Irish Cancer Society at (01) 231 6619.

Care to Drive transport project

Care to Drive is a scheme operated by the Irish Cancer Society. It provides free transport for patients to and from their chemotherapy treatments using volunteer drivers. All of the volunteers are carefully selected, vetted and trained. You are collected from your home, driven to your appointment and brought back home again. Call (01) 231 0522 for more information.



If you would like more information on any of the above services, call the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre.

National Cancer Helpline Freephone 1800 200 700

Useful organisations

Irish Cancer Society

43/45 Northumberland Road
Dublin 4
Tel: 01 231 0500
National Cancer Helpline: 1800 200 700
Email: helpline@irishcancer.ie
Website: www.cancer.ie

Men Against Cancer (MAC)

43/45 Northumberland Road
Dublin 4
Freefone 1800 200 700
Email: support@irishcancer.ie
Website: www.cancer.ie

Citizens Information

Tel: 0761 07 4000
Email: information@citizensinformation.ie
Website: www.citizensinformation.ie

Health Promotion HSE

Website: www.healthpromotion.ie



Useful contacts outside Republic of Ireland

Action Cancer

Action Cancer House
1 Marlborough Park
Belfast BT9 6XS
Tel: 028 9080 3344
Email: info@actioncancer.org
Website: www.actioncancer.org

American Cancer Society

Website: www.cancer.org

Cancer Focus Northern Ireland

40-44 Eglantine Avenue
Belfast BT9 6DX
Tel: 048 9066 3281
Email: hello@cancerfocusni.org
Website: www.cancerfocusni.org

Cancer Research UK

Website: www.cancerhelp.org.uk

Macmillan Cancer Support (UK)

Tel: 0044 207 840 7840
Website: www.macmillan.org.uk

Prostate Cancer UK

Tel: 0044 20 3310 7000
Email: info@prostatecanceruk.org
Website: www.prostatecanceruk.org

Helpful books

Understanding Early Prostate Cancer

Irish Cancer Society, 2013
[Call 1800 200 700 for a free copy.]

Understanding Prostate Cancer Beyond the Prostate Gland

Irish Cancer Society, 2013
[Call 1800 200 700 for a free copy.]

Understanding Prostate Disorders

Prof David Kirk
Family Doctor Publications, 1999
ISBN 1898205140

The Complete Guide to Overcoming Prostate Cancer, Prostatitis and BPH

Dr Peter Scardino
Avery, 2005
ISBN 1583332200

Prostate and Cancer: A Family Guide to Diagnosis, Treatment and Survival

Sheldon Marks
Fisher Books, 2000
ISBN 1555612628

What does that word mean?

Benign	Not cancer. A tumour that does not spread.
Benign prostatic hyperplasia (BPH)	When your prostate gland grows bigger due to ageing.
Biopsy	Removing a small amount of tissue from your body to find out if cancer cells are present.
Cancer screening	Checking for cancer when you have no symptoms.
Prostate	A small gland below your bladder. It is part of the male reproductive system.
Prostatitis	Inflammation of your prostate gland.
PSA	A protein called prostate specific antigen. It turns semen into liquid.
Radiotherapy	The treatment of cancer using high-energy X-rays.
Rectum	The lower part of your bowel (back passage).
Transrectal	Through your back passage (rectum).
Transrectal ultrasound	A scan of your prostate using sound waves. The probe is passed through your back passage.
Urethra	The tube that carries urine from your bladder to your penis.
Urologist	A doctor who specialises in diseases affecting the urinary and reproductive systems.

Questions to ask your doctor

- How long will I have to wait for the results of my PSA test?
- What is my PSA reading?
- What is a normal PSA reading for a man of my age?
- Does my prostate gland feel normal?
- What are the next steps for me?
- When should I have my PSA repeated?
- Do I need a prostate biopsy?
- Can I talk to someone who has been in the same situation as me?

Your own questions

1 _____

Answer _____

2 _____

Answer _____

3 _____

Answer _____

4 _____


Answer _____

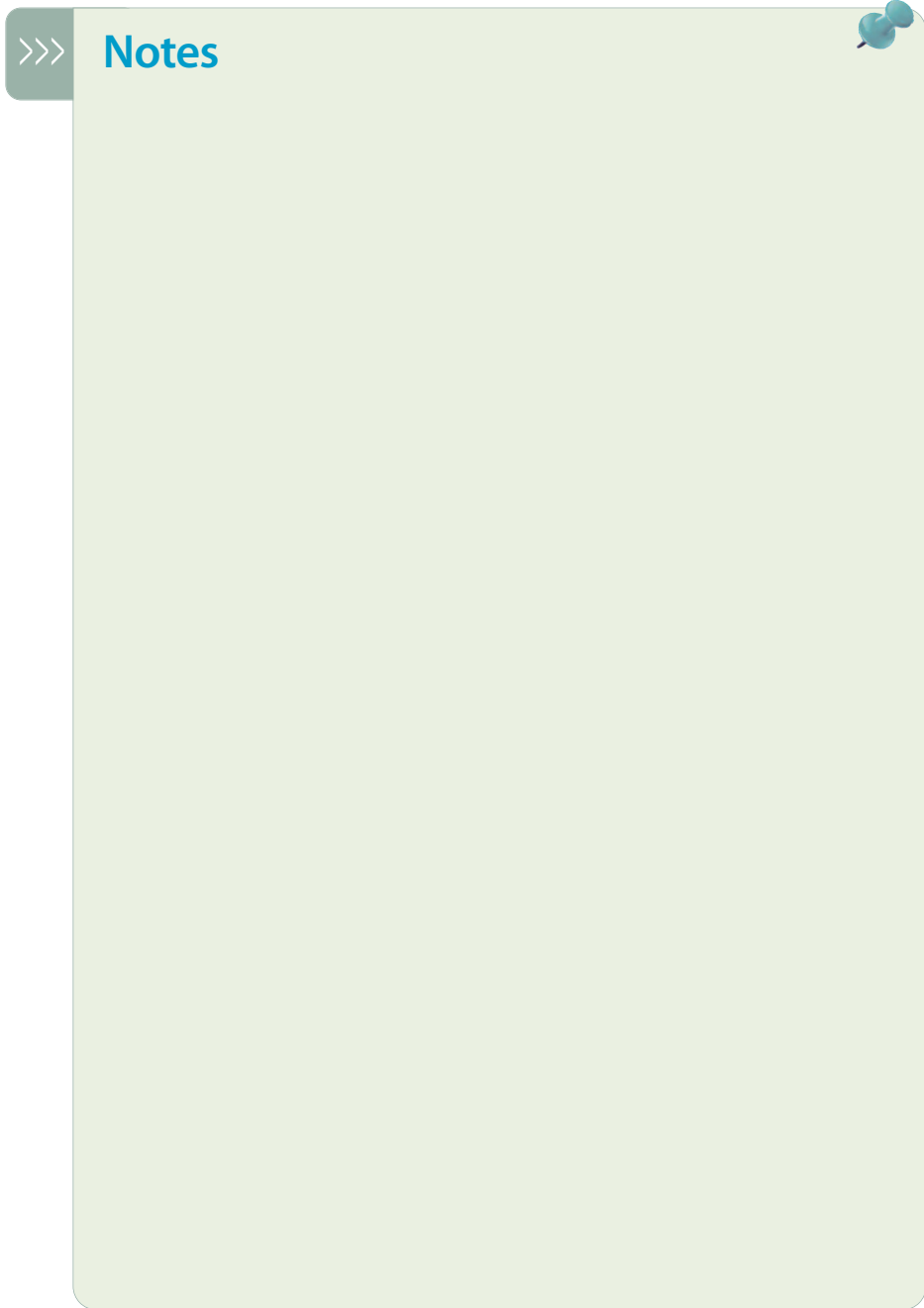
5 _____

Answer _____

6 _____

Answer _____

>>> **Notes** 





Notes



Notes



Acknowledgements

We would like to extend a special word of thanks to the following for their invaluable contributions to this booklet:

Men Against Cancer (MAC)

Sarah Lane, Patient Education Editor

Michael H Phillips, Illustrator

Would you like more information?

We hope this booklet has been of help to you. After reading it or at any time in the future, if you feel you would like more information or someone to talk to, please call the National Cancer Helpline on 1800 200 700.

Would you like to be a patient reviewer?



If you have any suggestions as to how this booklet could be improved, we would be delighted to hear from you. Your comments would help us greatly in the preparation of future information booklets. Please fill in the postcard in the pocket inside the back cover, and post it back to us for free.

If you wish to email your comments, have an idea for a new booklet or would like to review any of our booklets, please contact us at **reviewers@irishcancer.ie**

If you would prefer to phone or write to us, see contact details below.

Would you like to help us?

The Irish Cancer Society relies entirely on voluntary contributions from the public to fund its programmes of patient care, research and education. This includes patient information booklets. If you would like to support our work in any way – perhaps by making a donation or by organising a local fundraising event – please contact us at CallSave 1850 60 60 60 or email: **fundraising@irishcancer.ie**

Irish Cancer Society, 43/45 Northumberland Road, Dublin 4

Tel: 01 231 0500 **Email:** info@irishcancer.ie **Website:**

www.cancer.ie

Irish Cancer Society

43/45 Northumberland Road, Dublin 4

T: 01 231 0500

E: info@irishcancer.ie

W: www.cancer.ie

National Cancer Helpline Freefone 1800 200 700

Open Monday to Thursday 9am to 7pm

Friday 9am to 5pm

Find us on Facebook

Follow us on Twitter: @IrishCancerSoc

