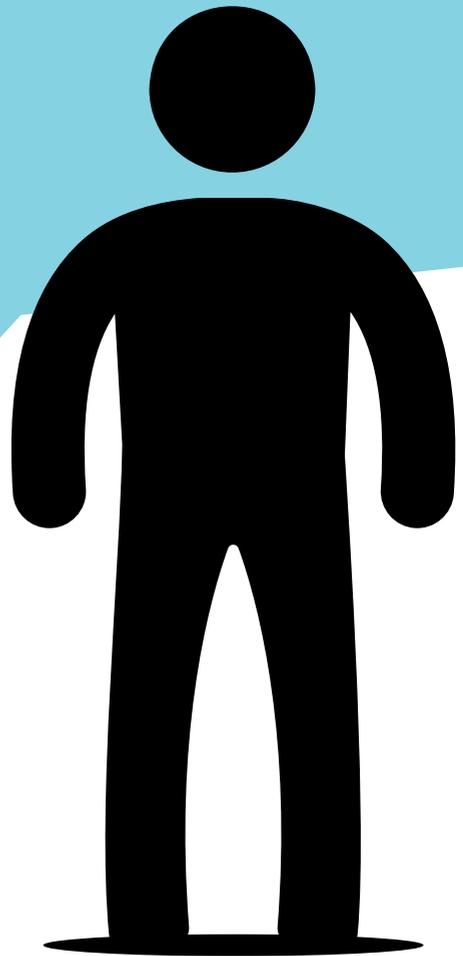


# Know your prostate

A guide to common  
prostate problems



**PROSTATE  
CANCER UK**

## About this booklet

This booklet is a guide to the prostate – what it is, what it does and what can go wrong with it. It is for anyone with a prostate. Your partner, family or friends might also find this booklet helpful.

We describe the three most common prostate problems – an enlarged prostate, prostatitis and prostate cancer. We also explain what changes to look out for, what to do if you think you have a prostate problem and what might happen at the GP surgery.

If you think you might have a problem with your prostate, talk to your GP. You can also speak to our Specialist Nurses, in confidence, on 0800 074 8383, or chat to them online.

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

-  Our Specialist Nurses
-  Our Risk Information Service
-  Our publications
-  Sections for you to fill in

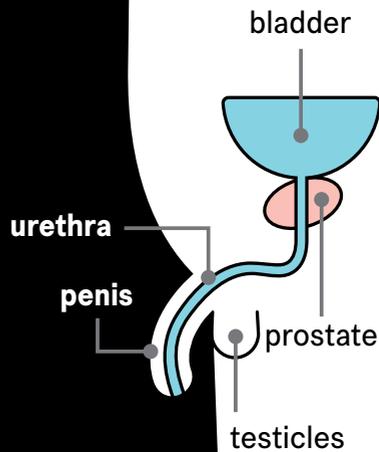


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# What is the prostate?

The prostate is a gland. It is usually the size and shape of a walnut and grows bigger as you get older. It sits under the bladder and surrounds the urethra, which is the tube that carries urine (wee) out of the body. The prostate's main job is to help make semen – the fluid that carries sperm.



## Who has a prostate?

The following people have a prostate:

- men
- trans women\*
- non-binary people who were registered male at birth\*\*
- some intersex people.\*\*\*

## What can go wrong?

The most common prostate problems are:

- an enlarged prostate
- prostatitis
- prostate cancer.

We explain more about these problems on the following pages.

### Transgender, non-binary or intersex?

The information in this booklet has been developed based on guidance and evidence in men. Some of this information is still relevant to you – but your experience may be slightly different.

For more information, visit [prostatecanceruk.org/trans-women](https://prostatecanceruk.org/trans-women)

\* A trans woman is someone who was assigned male at birth and identifies as a woman. Trans women can develop prostate problems, even if they have taken hormones, or if they have had gender affirming surgery. The prostate is not usually removed during this surgery.

\*\* A non-binary person does not identify as a man or a woman.

\*\*\* An intersex person may have both male and female sexual characteristics and so might have a prostate.

# What changes should I look out for?

If you notice any changes when you urinate or have any of the problems on page 7, it could be a sign of a problem in your prostate.

Urinary problems are common in older men and are not always a sign of a prostate problem. They can also be caused by an infection, another health problem such as diabetes, or some medicines.

Your lifestyle can also affect the way you urinate. For example, drinking a lot of fluids will make you urinate more often, while alcohol, caffeine, artificial sweeteners and fizzy drinks can make some urinary problems worse.

## Urinating: what is normal?

Most people urinate up to eight times each day, depending on how much they drink, and their bladder can usually hold around 300 to 400ml. But everyone is different.

If your bladder is working normally, you should know when your bladder is full and have enough time to find a toilet. You should empty it completely every time you urinate and you shouldn't leak urine.

Most people can sleep for six to eight hours without having to urinate more than once. This will be affected by how recently you had a drink and how much you drank before going to sleep. As you get older, you will probably need to urinate more often. You may wake up to urinate once in the early morning – this is common in older men.

You might find it helpful to tick any problems you have and take this booklet with you to your GP or nurse.

 Changes to look out for include:

- needing to urinate more often than usual, especially at night
- difficulty starting to urinate
- straining or taking a long time to finish urinating
- a weak flow when you urinate
- a feeling that your bladder hasn't emptied properly
- a sudden need to urinate – you may sometimes leak urine before you get to the toilet
- dribbling urine after you finish urinating
- problems getting or keeping an erection.

 Less common changes include:

- pain when urinating
- pain when ejaculating
- blood in your urine or semen.

These symptoms aren't usually caused by a prostate problem, and are more often linked to other health problems.

**Urinary problems are not usually caused by cancer.** If you notice any of the changes we talk about here, speak to your GP or nurse. Or you can talk to our **Specialist Nurses**.

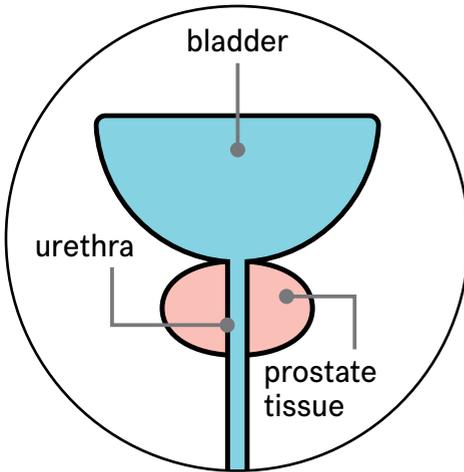


# What is an enlarged prostate?

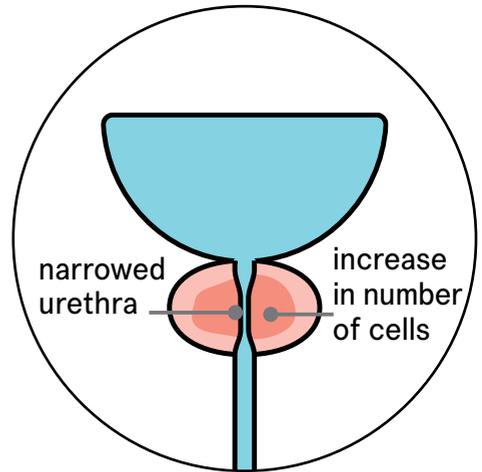
An enlarged prostate is an increase in the size of the prostate. It isn't caused by cancer. You might also hear it called benign prostatic enlargement (BPE) or benign prostatic hyperplasia (BPH).

An enlarged prostate is very common in men over the age of 50. As the prostate grows, it can press on the outside of the urethra (the tube you urinate through) and slow down or stop the flow of urine.

## A normal prostate



## An enlarged prostate



Having an enlarged prostate is **not** the same as having cancer.

Having an enlarged prostate doesn't increase your risk of getting prostate cancer. But it's possible to have an enlarged prostate and prostate cancer at the same time.

## What are the symptoms?

 Symptoms of an enlarged prostate include:

- a weak flow when you urinate
- a feeling that your bladder hasn't emptied properly
- difficulty starting to urinate
- dribbling urine after you finish urinating
- needing to urinate more often than usual, especially at night
- a sudden need to urinate – you may sometimes leak urine before you get to the toilet.

You may not get all of these symptoms, and some men with an enlarged prostate don't get any symptoms at all. These symptoms can also be caused by other things, such as cold weather, anxiety, other health problems, your lifestyle and some medicines.

## What can help?

Having an enlarged prostate affects men in different ways. Simple changes to your lifestyle can often help with mild problems – for example, drinking less alcohol, caffeine, artificial sweeteners and fizzy drinks as these can irritate your bladder. If these changes don't help, your doctor may prescribe medicines or suggest surgery.

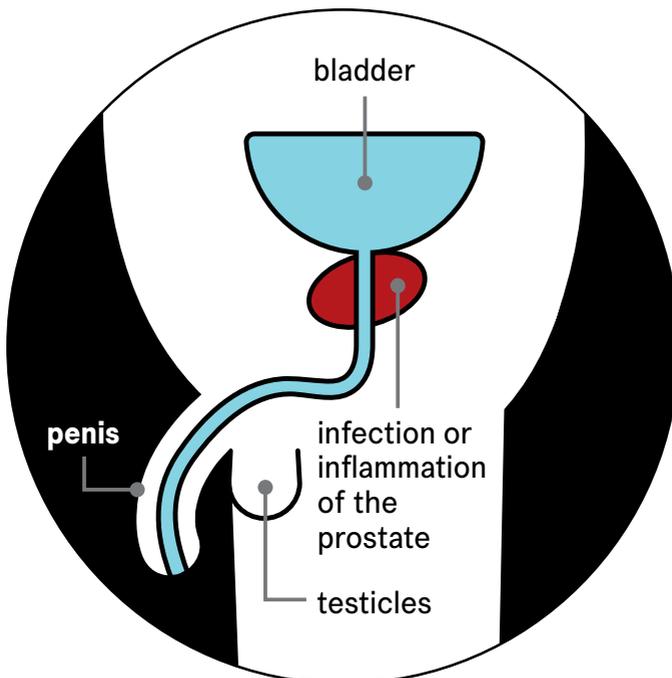
 Find out more in our booklet, **Enlarged prostate: A guide to diagnosis and treatment.**

# What is prostatitis?

Prostatitis is the name given to a set of symptoms that are thought to be caused by an inflammation of the prostate or problems with the nerves and muscles in the surrounding area. It may also be caused by an infection of the prostate, but this is rare. Doctors often don't know why it develops.

Prostatitis is **not** cancer.

Prostatitis is common. It can affect men of any age but it's most common in men under 50. There are different types of prostatitis and we don't know very much about some types. This can make it difficult for doctors to know what causes it and how best to treat it. It can take some time to get a diagnosis, and you might need a number of tests.



## What are the symptoms?

 Prostatitis can cause a wide range of symptoms, which vary from person to person and will depend on the type of prostatitis you have. Symptoms can include:

- discomfort, pain or aching in your testicles, in the area between your testicles and back passage (perineum), or in the tip of your penis
- discomfort, pain or aching in your lower abdomen (stomach area), groin, inner thighs or back
- needing to urinate more often or urgently
- difficulty urinating or a feeling that your bladder hasn't emptied properly
- pain or stinging during or after urinating
- feeling as if you're sitting on something like a golf ball
- no desire for sex (lack of libido)
- less commonly, difficulty getting or keeping an erection (erectile dysfunction), pain or burning during and after ejaculation, and premature ejaculation.

In rare cases, prostatitis can be severe – it can cause a high temperature and sweating. If this happens, you may need treatment in hospital.

## What can help?

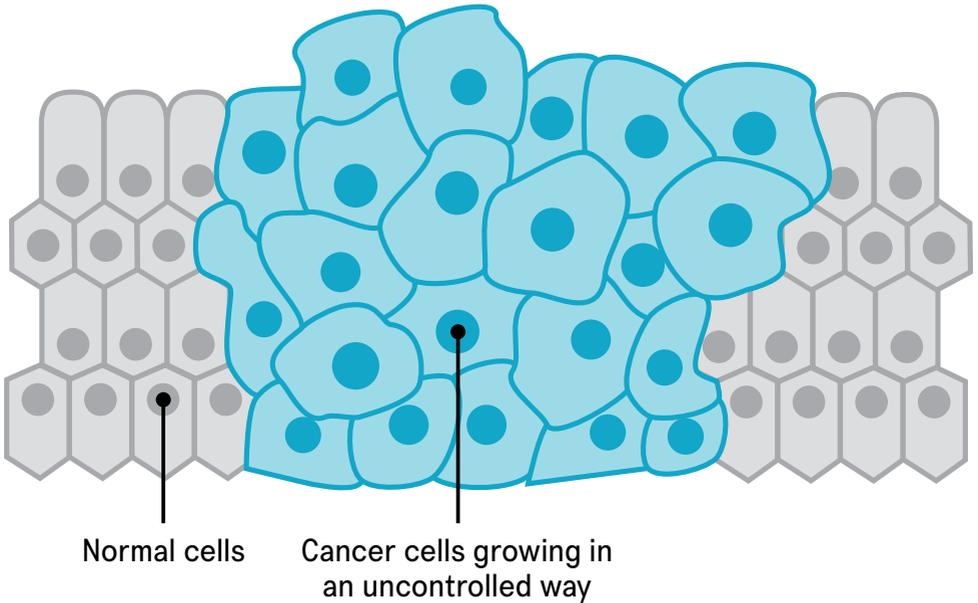
There are things you can do to help yourself, such as getting plenty of rest, drinking lots of water, and cutting down on fizzy drinks, alcohol and drinks that contain caffeine, as these can irritate the bladder. Your GP may discuss possible treatment options, including medicines.

 Find out more in our booklet, **[Prostatitis: A guide to infection and inflammation of the prostate.](#)**

# What is prostate cancer?

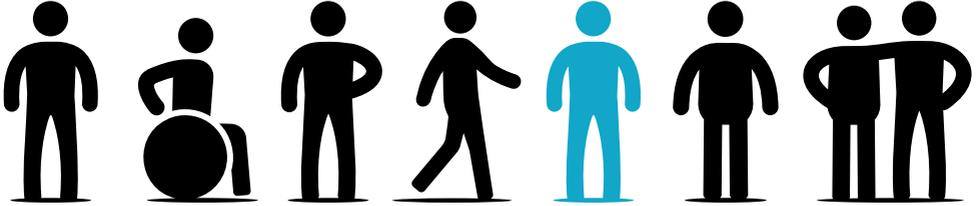
Normally, the growth of all cells is carefully controlled in the body. As cells grow old and die, new cells take their place. Cancer can develop when cells start to grow in an uncontrolled way. If this happens in your prostate, you may get prostate cancer.

## How cancer develops



# What is my risk of prostate cancer?

Prostate cancer is the most common cancer in men in the UK. About 1 in 8 men will get it in their lifetime.



We don't know what causes prostate cancer but there are some things that may mean you're more likely to get it – these are called risk factors. The main risk factors for prostate cancer are:

- age
- family history and genes
- ethnicity.

Remember, just because you have a higher risk of getting prostate cancer does not mean you will definitely get it. And even if you are diagnosed with prostate cancer, it may never shorten your life. Many prostate cancers grow slowly and if caught early enough, can be successfully treated.

## Your age

- Prostate cancer mainly affects men over 50, and your risk increases as you get older.
- If you are under 50, and don't have other risk factors, your risk of getting prostate cancer is very low. Men under 50 can get it, but it isn't common.
- If you are Black or have a family history of prostate cancer, you are at risk of getting prostate cancer from the age of 45.

## Your family history and genes

Your family history is information about any health problems that have affected your family. Families have many common factors, such as their genes, environment and lifestyle. Together, these factors can show if you are more likely to get some health conditions.

Inside every cell in our body is a set of instructions called genes. These are passed down (inherited) from our parents. Genes control how the body grows, works and what it looks like. If something goes wrong with one or more genes (known as a fault or mutation), this can sometimes cause cancer. Some faults in genes can be passed on from your parents and could increase your risk of getting prostate cancer.

If people in your family have prostate cancer or breast cancer, it might be due to changes (faults) in certain genes. If you have inherited the same faulty gene, it could increase your risk of getting prostate cancer too.

## Family history of prostate cancer

You are more likely to get prostate cancer if you have a family history of it, compared to a man who has no relatives with prostate cancer.

- You are two and a half times more likely to get prostate cancer if your father or brother has had it.
- Your chance of getting prostate cancer may be higher if you have more than one close relative (father, brother, uncle or grandfather) who has it.
- Your chance of getting prostate cancer may be even greater if your relatives were under 60 when they were diagnosed.

If you have relatives with prostate cancer and are worried or want to know more about how this might affect you, speak to your GP. Although your risk of prostate cancer may be higher, it doesn't mean you will get it.

## BRCA genes and risk of prostate cancer

BRCA1 and BRCA2 are two genes that everyone has. The function of the BRCA genes is to keep healthy cells growing normally and prevent the growth of cancer cells.

In a small number of people, these genes have a fault and don't work properly – this is called a gene variant.

Men with a BRCA2 gene variant have a higher risk of developing prostate cancer during their lifetime.

In the general population, around 1 in 300 to 400 people have a BRCA gene variant. But people from an Ashkenazi Jewish background have a higher risk – around 1 in 40 people may carry a BRCA gene variant.

NHS England is offering free BRCA gene testing for anyone living in England who is aged 18 or over and has one or more Jewish grandparent. For more information, visit [jewishbrca.org](http://jewishbrca.org) or [nhsjewishbrcaprogramme.org.uk](http://nhsjewishbrcaprogramme.org.uk)

Having a BRCA variant doesn't mean you will get prostate cancer. But it's important to speak to your GP if you have any relatives with prostate cancer, breast cancer or ovarian cancer with a known BRCA gene variant, as your risk of prostate cancer may be higher. You may be offered a blood test to see if you have a BRCA gene variant. The NHS website has further information on genetic testing and genetic counselling.

### Our Risk Information Service

If you'd like to know more about your risk of prostate cancer or the PSA blood test, our **Risk Information Service** is here to help. Call **0800 448 0821** or visit [prostatecanceruk.org/risk-info](http://prostatecanceruk.org/risk-info)



## Your ethnicity

Black men are more likely to get prostate cancer than other men. We don't know why, but it might be linked to genes.

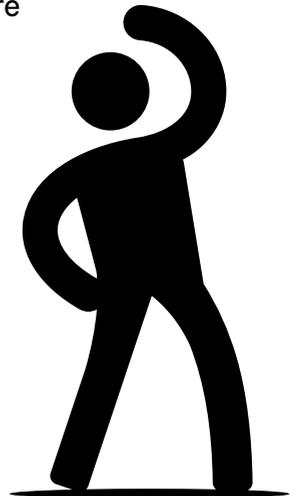
- In the UK, about 1 in 4 Black men will get prostate cancer in their lifetime.\*
- Black men are more likely to be diagnosed with prostate cancer at a younger age compared with men of other ethnicities. Prostate cancer mainly affects Black men over 45.

If you have mixed Black ethnicity, you are likely to be at higher risk of prostate cancer than other ethnicities. But we don't know your exact risk because we don't have enough information on prostate cancer in men with mixed Black ethnicity. And we don't know whether it makes a difference if it's your mother or father who is Black.

## Your body weight

No one knows how to prevent prostate cancer. But being overweight may increase your risk of being diagnosed with prostate cancer that's aggressive (more likely to spread) or advanced (cancer that has spread outside the prostate). Eating healthily and keeping active can help you stay a healthy weight. Read more

 in our leaflet, **Diet, physical activity and your risk of prostate cancer.**



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\* This statistic was worked out using information about men recorded as 'Black African', 'Black Caribbean' and 'Black other'.

## Does prostate cancer have any symptoms?

### **Most men with early prostate cancer don't have any symptoms.**

One reason for this is the way the cancer grows. You'll usually only get early symptoms if the cancer grows near the tube you urinate through (the urethra) and presses against it, changing the way you urinate. But because prostate cancer usually starts to grow in a different part (usually the outer part) of the prostate, early prostate cancer doesn't often press on the urethra and cause symptoms.

-  If you do notice changes in the way you urinate, this is more likely to be a sign of an enlarged prostate (see page 8), or another health problem. But it's still a good idea to get it checked out. Possible changes include:
  - difficulty starting to urinate or emptying your bladder
  - a weak flow when you urinate
  - a feeling that your bladder hasn't emptied properly
  - dribbling urine after you finish urinating
  - needing to urinate more often than usual, especially at night
  - a sudden need to urinate – you may sometimes leak urine before you get to the toilet.
  
-  If prostate cancer breaks out of the prostate (locally advanced prostate cancer) or spreads to other parts of the body (advanced prostate cancer), it can cause other symptoms, including:
  - pain in the back, hips or pelvis
  - problems getting or keeping an erection
  - blood in the urine or semen
  - unexplained weight loss.

All these symptoms are usually caused by other things that aren't prostate cancer. But it's still a good idea to tell your GP about any symptoms so they can find out what is causing them and make sure you get the right treatment, if you need it.

## What treatments are there for prostate cancer?

There are several ways to treat or monitor prostate cancer, depending on how quickly the cancer is likely to grow and whether it has spread outside the prostate.

Some prostate cancer grows too slowly to cause any problems or affect how long you live. Because of this, many men with prostate cancer will never need treatment. They can have their cancer monitored with regular check-ups instead. If these check-ups show any signs the cancer may be growing, men will be offered treatment that aims to cure it.

But some prostate cancer grows quickly and is more likely to spread. This is more likely to cause problems and needs treatment to stop it spreading. Some treatments will aim to get rid of the cancer completely. If this isn't possible, there are treatments available that aim to keep it under control.

For more information about prostate cancer and its treatment, visit our website at [prostatecanceruk.org](https://www.prostatecanceruk.org)

## What should I do next?

If you notice any of the changes we talk about in this booklet, or if you think you might be at risk of prostate cancer, visit your GP. It's important to get any symptoms checked out and tell your doctor if you have any risk factors. You won't be wasting their time, your GP will want to make sure you get the right diagnosis so you can get the right treatment, if needed.

- 📞 You can also call our **Specialist Nurses**, in confidence, on **0800 074 8383**, or chat to them online. They can help with any questions about prostate problems, even if you haven't yet spoken to your GP. Our Specialist Nurses are also there for you if you are a partner of someone who has symptoms of a possible prostate problem or might be at risk of prostate cancer.

## What if I don't have any symptoms?

You may want to speak to your GP if you're over 50 (or over 45 if you have a family history of prostate cancer or are a Black man), even if you don't have any symptoms. These are all things that can increase your risk of prostate cancer.

You may find it helpful to take our 30 second risk checker at [prostatecanceruk.org/risk-checker](https://prostatecanceruk.org/risk-checker)

## What if I'm not registered with a GP?

You could ask family or friends who live near you for details of their GP. Or you can find one near you on the following websites:

- [www.nhs.uk](https://www.nhs.uk) in England
- [www.nhsinform.scot](https://www.nhsinform.scot) in Scotland
- [www.111.wales.nhs.uk](https://www.111.wales.nhs.uk) in Wales
- [www.hscni.net](https://www.hscni.net) in Northern Ireland.

You can also call NHS 111 to get non-emergency medical help if you don't have a GP.

## What if I don't have time to see a GP?

It's important to make time to see a GP if you're worried about your health. Some GP surgeries are open in the evenings or weekends, so you should be able to see a GP or nurse at a time that is right for you. You can also ask for a phone appointment at some GP surgeries. There might also be an NHS walk-in centre nearby. Use the websites listed on page 19 to find one in your area. Or you can call NHS 111 if you need medical help but it isn't an emergency.



# What will happen at the GP surgery?

If you have symptoms, your GP will ask you about them. They might ask how long you have had them, whether they are getting worse over time, and how they are affecting your life. They might ask you to fill out a questionnaire about your symptoms and medical history. If you aren't sure how to explain your symptoms or concerns to your GP, take this booklet with you.

Your GP will check whether your symptoms could be caused by other health problems, such as diabetes, or by any medicines you're taking. They will also check whether your symptoms could be caused by your lifestyle.

If you don't have symptoms, your GP will ask you about your medical history. You should tell them if anyone in your family has had prostate or breast cancer.

## Diary

Your GP may ask you to keep a diary for a few days to measure how much you drink, what type of drinks you have, how much you urinate, and how often. The aim of keeping a diary is to see what could be causing your symptoms. It will help your doctor to see if there are any lifestyle changes you can make that might help your symptoms, or to work out if you need any treatment or further tests.

## Urine test

If you have symptoms, your GP might ask you for a urine sample to check for blood or infection that could be causing your symptoms.

## PSA blood test

This is a blood test that measures the 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's normal to have a small amount of PSA in your blood, and the amount rises as you get older because your prostate gets bigger. A raised PSA level may suggest you have a problem with your prostate, but not necessarily cancer. A PSA test alone can't usually tell you what the problem is. But it can help your GP decide if you need further tests.

There are advantages and disadvantages to having a PSA test. Your GP should explain these to you and discuss any questions you may have before you decide whether to have the test.

You have the right to a PSA test if you're over 50 and you've thought carefully about the advantages and disadvantages. It may help to discuss the advantages and disadvantages with your GP or practice

 nurse, or you could speak to our **Specialist Nurses**. If you're over 45 and have a higher risk of prostate cancer, for example if you're Black or you have a family history of it, we strongly recommend you talk to your GP about having a PSA blood test.

 Read more in our booklet, [Understanding the PSA blood test: A guide for anyone concerned about prostate cancer.](#)



## Digital rectal examination (DRE)

This is where your doctor feels your prostate through the wall of your back passage (rectum). 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. They will slide a finger gently into your back passage. They'll wear gloves and put some gel on their finger to make it more comfortable.

You may find the DRE slightly uncomfortable or embarrassing, but the test isn't usually painful and is over very quickly .

**You don't have to have a DRE.** You can choose to have a PSA test alone.

Some men find the idea of having a DRE upsetting. There could be many personal reasons why you might feel upset about having this test. There's no right or wrong way to feel, and it's your choice whether or not to have a DRE. If you do decide to have a DRE, explain your situation and concerns to your doctor. They can talk you through the test and help to reassure you. It may also help to talk to a counsellor.

**“Having someone examine you from the rear isn't great but it's only a few seconds of discomfort.”**

*A personal experience*

## Other physical tests

If you're having problems urinating, your GP may also examine your abdomen (stomach area) and penis to make sure they aren't causing the urinary problems.

### Worried about going to the GP?

It is natural to feel worried or embarrassed about having tests and check-ups. But don't let that stop you going to your GP. Remember, the tests give your GP the best idea about whether you have a problem that needs treating. You can ask to see a male doctor or a female doctor when you make the appointment. Or take someone with you. You can also talk things through with our **Specialist Nurses**, in confidence, on **0800 074 8383**, or chat to them online.



# What will the test results tell me?

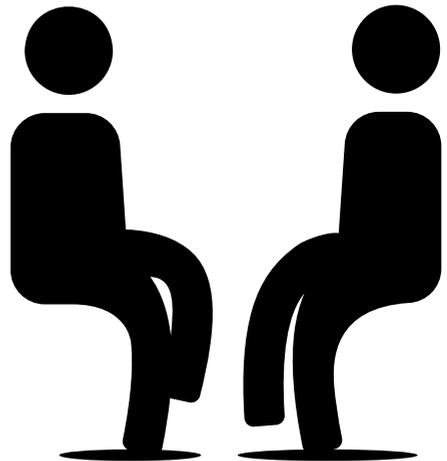
It can take one week to get your test results. Your GP will talk to you about all your test results and what they might mean. If they think you may have a prostate problem, they may be able to discuss possible treatment options with you. Or, if your GP thinks you may need further tests, they may offer you an appointment to see a specialist at the hospital.

## What tests might I have at the hospital?

The specialist may repeat some of the tests you had at the GP surgery. You may also have other tests, including the tests below.

### Symptom questionnaire

You may be asked to fill in a questionnaire about your symptoms. This is called the International Prostate Symptom Score (IPSS) and is used to see how bad your urinary symptoms are and how much they are affecting your daily life.



## Urine flow test

You may be asked to urinate into a machine that measures the speed of your urine flow. If your urine flow is slow, it may mean that your prostate is pressing on the urethra.

## Ultrasound scan

This shows how much urine your bladder can hold, and if it is emptying properly. You may have the scan straight after the urine flow test to see how much urine is left in your bladder after you urinate. You may also have an ultrasound scan to look at your kidneys.

## Cystoscopy

A thin tube with a light and camera on the end is put through the tip of your penis so your doctor can look inside your urethra and bladder. You may have this test if you have:

- severe urinary symptoms
- regular urine infections
- blood in your urine
- pain when urinating.

## MRI scan

An MRI (magnetic resonance imaging) scan uses magnets to create a detailed picture of your prostate and the surrounding tissues. You might have an MRI scan to help your doctor decide whether you need a biopsy, or to decide which areas of the prostate to take biopsy samples from.

## Prostate biopsy

This involves using a thin needle to take small samples of tissue from the prostate. The tissue is then looked at under a microscope to check for cancer.

# Questions to ask your doctor or nurse



**What do you think is causing my urinary symptoms  
- is it a prostate problem?**

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**Am I at risk of prostate cancer?**

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**What tests do you suggest and why?**

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**How soon will I get the results?**

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**Will I need any other tests?**

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# More information from us

## The Tool Kit

The Tool Kit information pack contains fact sheets that explain how prostate cancer is diagnosed, how it's treated and how it may affect your lifestyle. Each treatment fact sheet also includes a list of suggested questions to ask your doctor. Call our Specialist Nurses for a personally tailored copy.

## Leaflets and booklets

We have a range of other leaflets and booklets about prostate cancer and other prostate problems.

## To order publications:

All our publications are free and available to order or download online. To order them:

- call us on **0800 074 8383**
- visit our website at [prostatecanceruk.org/publications](http://prostatecanceruk.org/publications)

## Chat to one of our Specialist Nurses

If you want to talk about prostate cancer or other prostate problems, call our Specialist Nurses in confidence. You can also text **NURSE** to **70004**, or you can email or chat online with our nurses on our website. Visit [prostatecanceruk.org/get-support](http://prostatecanceruk.org/get-support)



**Chat to one of our  
Specialist Nurses**

**0800 074 8383\***

**[prostatecanceruk.org](http://prostatecanceruk.org)**

# Other useful organisations

## NHS 111 Wales

**[111.wales.nhs.uk](http://111.wales.nhs.uk)**

**Telephone: 111**

Provides health advice 24 hours a day and lists local health services in Wales, including GPs.

## NHS Inform

**[www.nhsinform.scot](http://www.nhsinform.scot)**

**Telephone: 0800 22 44 88**

Health information and details of NHS and other support services in Scotland.

## NHS website

**[www.nhs.uk](http://www.nhs.uk)**

Information about conditions, treatments and lifestyle, and a directory of health services in England. Includes information about making a complaint about your GP.

## nidirect

**[www.nidirect.gov.uk](http://www.nidirect.gov.uk)**

Information about government services in Northern Ireland, including health services.



# About us

We're Prostate Cancer UK. We're striving for a world where no man dies from prostate cancer.

We work to give everyone the power to navigate prostate cancer, by providing up-to-date, unbiased and accurate information about prostate diseases. But we're not here to replace your doctor. Always get advice from a healthcare professional to help you make decisions that are right for you.

References used in this booklet are available at [prostatecanceruk.org](http://prostatecanceruk.org)

This publication was written and edited by our Health Information team.

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- Jonathan Rees, GP, Tyntesfield Medical Group, North Somerset
- our Specialist Nurses
- our volunteers.

## Tell us what you think

If you have any comments about our publications, you can email: [yourfeedback@prostatecanceruk.org](mailto:yourfeedback@prostatecanceruk.org)

# Donate today – help others like you

Every year over 63,000 men get the life-changing news that they have prostate cancer. But thanks to our generous supporters, we're there to help men when they need us most. You can help more men get free, unbiased, confidential support by donating to us today:

- £10 could fund a call with one of our Specialist Nurses.
- £20 could give 40 men vital information through our handy

 **Know your prostate: a quick guide.**

To donate, visit [prostatecanceruk.org/donate](https://prostatecanceruk.org/donate) or call **0800 082 1616** or text **PROSTATE** to **70004**†. And for other ways to support us, head to [prostatecanceruk.org/get-involved](https://prostatecanceruk.org/get-involved)

† You can donate up to £10 via SMS and we will receive 100% of your donation. Texts are charged at your standard rate. For full terms and conditions and more information, please visit [prostatecanceruk.org/terms](https://prostatecanceruk.org/terms)



**Chat to one of our  
Specialist Nurses  
0800 074 8383\*  
[prostatecanceruk.org](https://prostatecanceruk.org)**

Trusted  
Information  
Creator

*Patient Information Forum*

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**Call our Specialist Nurses from Monday to Friday 9am – 5pm, Wednesday 10am – 5pm**

\* Calls are recorded for training purposes only.

Confidentiality is maintained between callers and Prostate Cancer UK.

Prostate Cancer UK is a registered charity in England and Wales (1005541) and in Scotland (SC039332). Registered company number 02653887.

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