A to Z of medical words

This fact sheet explains some of the medical words you might come across when you are finding out about prostate problems and prostate cancer. The symbol shows where you can find out more in our other publications. You can also call our Specialist Nurses, in confidence, on 0800 074 8383, or chat to them online.

There is a diagram on page 14 that shows the prostate and surrounding parts of the male body described in this fact sheet.

3D conformal radiotherapy

A type of external beam radiotherapy where the radiation beams are shaped to match the size and shape of your prostate. This can help to reduce the risk of side effects. See also **external beam radiotherapy**. Fact sheet – **External beam radiotherapy**.

5-alpha reductase inhibitors

Drugs that are used to treat an enlarged prostate by shrinking the prostate. This takes the pressure off your urethra, making it easier to urinate. See also **enlarged prostate** and **prostate specific antigen.** Booklet – **Enlarged prostate: A guide to diagnosis and treatment.**

A

Abiraterone

A hormone therapy drug for men with cancer that has spread to other parts of the body (advanced prostate cancer) and has stopped responding to other hormone therapy and chemotherapy. Fact sheet – **Treatment options after your first hormone therapy.**

Active monitoring

This term can be used to describe both active surveillance and watchful waiting, which are two different ways to monitor prostate cancer. If your doctor or nurse talks about active monitoring, ask them to explain exactly what they mean. See also **active surveillance** and **watchful waiting.**

Active surveillance

A way of monitoring slow-growing prostate cancer rather than treating it straight away. You will have regular tests to keep an eye on the cancer. This means you can avoid unnecessary treatment, or delay treatment and the possible side effects. If there are signs the cancer may be growing, you will be offered treatment which aims to cure it. Active surveillance is different to watchful waiting. See also **watchful waiting**. Fact sheet – **Active surveillance**.

Acute

In medicine, acute means a short-term medical condition that comes on quickly and may need urgent treatment.

Adenocarcinoma

A cancer that develops from tissue in a gland, such as the prostate. The majority of prostate cancers are adenocarcinomas. See also **carcinoma.**

Adjuvant therapy

A treatment that is given alongside or after the main treatment to improve the chances of controlling the cancer. For example, hormone therapy given after radiotherapy. See also **neoadjuvant therapy.**

PROSTATE CANCER UK

Advanced prostate cancer
Prostate cancer that has spread outside the prostate to other parts of the body, such as the bones. Fact sheet – **Advanced prostate cancer.**

Aggressive cancer
A cancer that is fast-growing and more likely to spread quickly. It is sometimes called high-grade cancer. See also **Gleason grade** and **Gleason score.**

Alpha-blockers
Drugs that can be used to help treat the urinary problems caused by an enlarged prostate. Alpha-blockers relax the muscles in the prostate and around the neck of the bladder, making it easier to urinate. See also **enlarged prostate.** Booklet – **Enlarged prostate: A guide to diagnosis and treatment.**

Alprostadil
A drug used to help men to get erections. It can be used to treat erection problems after treatment for prostate cancer. Fact sheet – **Sex and prostate cancer** and booklet **Prostate cancer and your sex life.**

Anaesthetic
Medicine that stops you feeling anything during treatment. Local anaesthetic and spinal anaesthetic (epidural) numb an area of your body. General anaesthetic sends you to sleep.

Androgen deprivation therapy (ADT)
See **hormone therapy**.

Androgens
Hormones, such as testosterone, that are responsible for male characteristics. Androgens are produced by the testicles and the adrenal gland. They can cause prostate cancer cells to grow. See also **hormones** and **testosterone.**

Anti-androgens
Hormone therapy drugs that stop testosterone reaching prostate cancer cells. This can slow down or stop the growth of prostate cancer. Fact sheet – **Hormone therapy.**

Anus
The opening at the end of your back passage (rectum). See diagram on page 14.

Atypical small acinar proliferation (ASAP)
ASAP means there are unusual cells in the prostate but it's not clear whether they are cancer cells or not. It is found by looking at prostate tissue taken during a biopsy. If you have ASAP, you may need to have more tests. Fact sheet – **Prostate biopsy results: PIN and ASAP**.

B

Benign
A benign tumour is not cancerous. See also **tumour.**

Benign prostatic enlargement (BPE)/Benign prostatic hyperplasia (BPH)
See **enlarged prostate.**

Bisphosphonates
Drugs that can help manage bone problems if your prostate cancer has spread to the bones. They don't treat the cancer but may help with symptoms such as pain. Fact sheet – **Bisphosphonates for advanced prostate cancer**.

Biopsy
This involves removing small samples of tissue to be looked at under a microscope to check for cancer. A prostate biopsy may be used to help diagnose prostate cancer. See also **trans-rectal ultrasound (TRUS)** and **template prostate biopsy**. Fact sheet – **How prostate cancer is diagnosed.**

Biopsy core
A single sample of prostate tissue taken during a biopsy. See also **biopsy.**

Bladder neck incision
Surgery to treat urinary problems caused by an enlarged prostate. A few small cuts are made in the neck of the bladder to widen it and allow urine to flow more easily. Also called trans-urethral incision of the prostate (TUIP). Booklet – **Enlarged prostate: A guide to diagnosis and treatment.**

Bone marrow
The soft tissue inside the bones where red blood cells, white blood cells and platelets are made. Chemotherapy affects how well bone marrow works. See also **chemotherapy**. Fact sheet – **Chemotherapy**.

Bone scan
A scan of the body to check for any changes or damage to the bones. It may be used to find out whether prostate cancer has spread to the bones. Fact sheet – **How prostate cancer is diagnosed.**

Brachytherapy
A type of internal radiotherapy**.** It involves putting a source of radiation directly inside the prostate. There are two types: permanent seed brachytherapy and high dose-rate brachytherapy. See also **permanent seed brachytherapy** and **high dose-rate brachytherapy.** Fact sheets – **Permanent seed brachytherapy** and **High dose-rate brachytherapy.**

C

Cancer
Cancer can develop when cells start to grow in an uncontrolled way. If this happens in the prostate, then prostate cancer can develop. See also **carcinoma** and **adenocarcinoma.**

Carcinoma
Cancer that starts in the surface tissues lining the inside or outside of an organ, duct or tube. Carcinomas are the most common type of cancer. Prostate cancer can be a carcinoma. See also **adenocarcinoma.**

Castrate resistant prostate cancer
Prostate cancer that grows even when a man is having hormone therapy and his testosterone levels are as low as they would be if the testicles were removed. Castrate resistant prostate cancer can still be treated with other types of hormone therapy, such as abiraterone and enzalutamide. Castrate resistant prostate cancer is different to hormone resistant prostate cancer. See also **testosterone, hormone therapy** and **hormone resistant prostate cancer**. Fact sheet – **Treatment options after your first hormone therapy**.

Catheter (urinary)
A thin tube that is used to drain urine from the bladder out of the body. The catheter can be put into the bladder either through the penis (urethral catheter) or through a small cut in the abdomen (suprapubic catheter).

Cells
The basic building blocks which make up every part of your body. Cells normally grow in a controlled way.

Chemotherapy
Chemotherapy uses anti-cancer drugs to kill cancer cells. It can be used to treat prostate cancer that has spread outside the prostate and is no longer responding to hormone therapy. Fact sheet – **Chemotherapy.**

Chronic
In medicine, chronic means a long-term medical condition that lasts more than three months.

Clinical nurse specialist (CNS)
A nurse who specialises in a particular medical condition or group of conditions. A CNS may be part of your multi-disciplinary team (MDT). A CNS may be your key worker. See also **multi-disciplinary team (MDT)** and **key worker.**

Clinical trial
A type of medical research study. Clinical trials aim to find new and better ways of preventing, diagnosing, treating and controlling illnesses. They involve people who have volunteered to take part. Fact sheet – **A guide to prostate cancer clinical trials.**

Combined androgen blockade
A form of hormone therapy that uses both an LHRH agonist and an anti-androgen to treat prostate cancer. Also called maximal androgen blockade or complete androgen blockade. See also **LHRH agonists** and **anti-androgens.** Fact sheet – **Hormone therapy.**

Complementary therapy
Complementary therapies may be used alongside medical treatment. They include acupuncture, massage, yoga, meditation, reflexology and hypnotherapy. Some people find they help them deal with cancer symptoms and side effects such as tiredness. Booklet **– Living with and after prostate cancer: A guide to physical, emotional and practical issues.**

Computerised tomography (CT) scan
A doughnut shaped scanner that uses a computer linked to an X-ray machine to take a series of images of the body. You may have a CT scan to find out whether your cancer has spread outside your prostate. Fact sheet – **How prostate cancer is diagnosed.**

Cryotherapy
This uses extreme cold to freeze and destroy cancer cells in the prostate. Also called cryosurgery or cryoablation. Fact sheet – **Cryotherapy.**

Cystitis
Inflammation of the bladder that causes a burning sensation when you urinate, difficulty urinating or a need to urinate more often. Cystitis can be caused by an infection. It can also be a side effect of radiotherapy for prostate cancer – this is called radiation cystitis. Fact sheet – **External beam radiotherapy.**

Cytotoxic drugs
Anti-cancer drugs used in chemotherapy to kill cancer cells. See also **chemotherapy.** Fact sheet – **Chemotherapy.**

D

Digital rectal examination (DRE)
A common way of helping to diagnose a prostate problem is for your doctor to feel the prostate through the wall of the back passage (rectum). This is called a digital rectal examination (DRE). Fact sheet – **How prostate cancer is diagnosed.**

E

Ejaculation
The release of semen – the fluid that carries sperm – from the penis when you have sex or masturbate. Treatments for prostate cancer can affect ejaculation. See also **seminal vesicles.** Fact sheet – **Sex and prostate cancer** and booklet – **Prostate cancer and your sex life.**

Enlarged prostate
Also called benign prostatic enlargement (BPE) or benign prostatic hyperplasia (BPH). It means a non-cancerous enlargement of the prostate. It is common and mainly affects men over the age of 50. It doesn't mean you're more likely to get prostate cancer. But men can have an enlarged prostate and prostate cancer at the same time. Booklet – **Enlarged prostate: A guide to diagnosis and treatment.**

Enzalutamide
A hormone therapy drug used to treat men with advanced prostate cancer that has stopped responding to other hormone therapy and chemotherapy. Fact sheet – **Treatment options after your first hormone therapy**

Erectile dysfunction (ED)
Difficulty getting or keeping an erection. ED has many possible causes. It can be a side effect of some treatments for prostate cancer. Also called impotence. Fact sheet – **Sex and prostate cancer** and booklet – **Prostate cancer and your sex life.**

External beam radiotherapy
This uses high energy X-ray beams directed at the prostate from outside the body to kill cancer cells. It can be used to treat localised or locally advanced prostate cancer. It can also be used to control symptoms in advanced prostate cancer by slowing down the growth of the cancer. See also **localised prostate cancer** and **locally advanced prostate cancer.** Fact sheet – **External beam radiotherapy.**

F

Faecal incontinence
Difficulty controlling your bowels which leads to poo (faeces) leaking from the back passage. Also called bowel incontinence. See also **faeces.**

Faeces
Waste matter that is passed out of the body from the back passage (rectum). Also called stools or poo.

Fatigue
Extreme tiredness or exhaustion which can interfere with daily life. It can be a side effect of treatments for prostate cancer. Booklet – **Living with and after prostate cancer: A guide to physical, emotional and practical issues.**

Fistula
An opening between two parts of the body that wouldn't normally be there. For example, a hole between the back passage and the urethra. This is rare but can be a side effect of some treatments for prostate cancer, such as cryotherapy. Fact sheet – **Cryotherapy**.

Flare
This can happen when you start LHRH agonist hormone therapy. Your body's normal response to the first LHRH injection is to produce more testosterone. This can cause the cancer to grow quickly for a short amount of time – this is known as a flare. You may have a short course of anti-androgen tablets before and after your first LHRH agonist treatment to stop this happening. See also **LHRH agonists** and **anti-androgens.** Fact sheet – **Hormone therapy.**

Focal treatment
This involves treating only the areas of the prostate where there are cancer cells, rather than treating the whole prostate. It aims to avoid damaging the healthy tissue. This means that it may help to reduce the risk of side effects. Researchers are looking at focal cryotherapy and focal high intensity focused ultrasound (HIFU). See also **HIFU** and **cryotherapy.** Fact sheets – **Cryotherapy** and **High intensity focused ultrasound (HIFU).**

Fraction
A fraction is the name for one session in a course of radiotherapy. See also **radiotherapy.** Fact sheet – **External beam radiotherapy.**

G

Genes
Genes are the biological information inherited from your parents. Genes tell your cells how to behave and control how your body grows and works. Researchers are looking at the role of genes in the development of prostate cancer. Booklet – **Know your prostate: A guide to common prostate problems.**

Gleason grade
Prostate cancer cells in your biopsy samples are given a Gleason grade. This grade tells you how aggressive the cancer is – in other words, how likely it is to grow and spread outside the prostate. When cancer cells are looked at under a microscope, they have different patterns, depending on how quickly they are likely to grow. The pattern is given a grade from 1 to 5. This is called the Gleason grade. If a grade is given, it will usually be 3 or higher, as grade 1 and 2 are not cancer. Fact sheet – **How prostate cancer is diagnosed**.

Gleason score
There may be more than one grade of cancer in the biopsy samples. An overall Gleason score is worked out by adding together two Gleason grades. The first is the most common grade in all the samples. The second is the highest grade of what's left. When these two grades are added together the total is the Gleason score. For example, if the biopsy samples show that most of the cancer seen is grade 3 and the highest grade of any other cancer seen is grade 4, then the Gleason score will be 7 (3+4). See also **Gleason grade**. Fact sheet – **How prostate cancer is diagnosed**.

Gonadotrophin-releasing hormone (GnRH) agonists
See **Luteinizing hormone-releasing hormone (LHRH) agonists.**

Gonadotrophin-releasing hormone (GnRH) antagonists

A type of hormone therapy given by injection. It blocks the message from the brain that tells the testicles to make testosterone. There is currently one kind of GnRH antagonist available in the UK, called degarelix (Firmangon®). Also called GnRH blockers or LHRH antagonists. Fact sheet – **Hormone therapy.**

Gynaecomastia

Swelling of the breast area in men. This can be a side effect of some types of hormone therapy. Booklet – **Living with hormone therapy: A guide for men with prostate cancer.**

H

High grade prostatic intraepithelial neoplasia (PIN)

See **prostatic intraepithelial neoplasia (PIN).**

High dose-rate brachytherapy

A type of brachytherapy used to treat prostate cancer. A source of radiation is put into the prostate for a short time. It gives off radiation to destroy the cancer cells and is then removed. Also known as temporary brachytherapy. Fact sheet – **High dose-rate brachytherapy**.

High intensity focused ultrasound (HIFU)

A treatment for prostate cancer that uses high frequency ultrasound waves to heat and destroy cancer cells. Fact sheet – **High intensity focused ultrasound (HIFU).**

Holmium laser enucleation of the prostate (HoLEP)

Surgery to treat an enlarged prostate. A laser is used to remove parts of the prostate that are blocking the urethra. See also **enlarged prostate.** Booklet – **Enlarged prostate: A guide to diagnosis and treatment.**

Hormone resistant prostate cancer / hormone refractory prostate cancer

Prostate cancer that is no longer responding to any type of hormone therapy, including abiraterone and enzalutamide. Hormone resistant prostate cancer is different from castrate resistant prostate cancer. See also **castrate resistant prostate cancer.** Fact sheet – **Treatment options after your first hormone therapy.**

Hormones

Hormones control some of the body's functions. The male hormone testosterone can make prostate cancer cells grow more quickly. See also **androgens** and **testosterone.**

Hormone therapy

Testosterone makes prostate cancer cells grow. Hormone therapy stops testosterone from reaching cancer cells wherever they are in the body. It won't cure prostate cancer but it can keep it under control, sometimes for several years. It can also be used alongside other treatments to help make them more effective. There are different types of hormone therapy that can be given by injection, implants or tablets. Fact sheet – **Hormone therapy.** Booklet – **Living with hormone therapy: A guide for men with prostate cancer.**

Hospice

Hospices provide a range of services for men living with advanced prostate cancer and their families. They can provide treatment to manage symptoms as well as emotional, spiritual and practical support. Hospices can provide day services, a short stay to help control symptoms or care at the end of life. Hospices may also have nurses who can visit you at home. See also **palliative care.** Booklet – **Advanced prostate cancer: Managing symptoms and getting support.**

Hot flushes

A sudden feeling of being hot. Hot flushes are a common side effect of hormone therapy. They are similar to the hot flushes women get during the menopause. They can vary from a few seconds of feeling overheated to hours of sweating. Booklet – **Living with hormone therapy: A guide for men with prostate cancer.**

I

Image guided radiotherapy (IGRT)
This is used as part of all radiotherapy treatments. The radiographer takes an X-ray or scan just before treatment to pinpoint the exact position, size and shape of the prostate. Taking images of the prostate immediately before each treatment session helps to make sure the treatment is as accurate as possible. Fact sheet – **External beam radiotherapy.**

Impotence
See **erectile dysfunction.**

Incontinence
See **faecal incontinence** and **urinary incontinence.**

Intensity-modulated radiotherapy (IMRT)
IMRT is a type of external beam radiotherapy. Radiation beams are delivered in different doses to different parts of the area being treated. This means that a higher dose of radiation can be given to the prostate without causing too much damage to the surrounding healthy tissues. See also **external beam radiotherapy** and **3D conformal radiotherapy.** Fact sheet – **External beam radiotherapy.**

K

Key worker
Your key worker is your main point of contact. This is usually your clinical nurse specialist (CNS) but it could be another member of your multi-disciplinary team (MDT). They help to coordinate your care and can guide you to the right team member or sources of information. See also **multi-disciplinary team (MDT)** and **clinical nurse specialist (CNS).**

L

Laparoscopic prostatectomy
Surgery to remove the prostate through several small cuts in the stomach area (abdomen). Also called keyhole surgery. See also **radical prostatectomy** and **robotic prostatectomy.** Fact sheet – **Surgery: radical prostatectomy.**

Libido
Your desire for sex. Hormone therapy can reduce your libido. See also **hormone therapy.** Booklet – **Prostate cancer and your sex life.**

Localised prostate cancer
Prostate cancer that is contained in the prostate. You may also hear it called early or organ-confined prostate cancer. Fact sheet – **Localised prostate cancer.**

Locally advanced prostate cancer
Prostate cancer that has started to break out of the prostate or has spread to the area just outside the prostate, including the seminal vesicles, pelvic lymph nodes, neck of the bladder and/or back passage. See also **seminal vesicles** and **lymph nodes.** Fact sheet – **Locally advanced prostate cancer.**

Lower urinary tract symptoms (LUTS)
This means problems urinating, such as a poor flow, leaking urine, needing to urinate frequently or urgently and needing to get up in the night to urinate. LUTS are common in older men and have several possible causes. They can be a sign of prostate problems such as an enlarged prostate. See also **urinary frequency, urgency, urinary incontinence** and **nocturia**. Booklet – **Know your prostate: A guide to common prostate problems.**

Luteinizing hormone-releasing hormone (LHRH) agonists
A type of hormone therapy that stops the testicles making testosterone. LHRH agonists are given by injection or an implant which is inserted under the skin of your arm. Common LHRH agonist drugs include goserelin (Zoladex® or Novgos®) and leuprorelin acetate (Prostap®). Also called GnRH agonists. See also **hormone therapy** and **testosterone.** Fact sheet – **Hormone therapy.**

Luteinizing hormone-releasing hormone (LHRH) antagonists
See **Gonadotrophin-releasing hormone (GnRH) antagonists**.

Lymphatic system
This is part of the body's immune system and helps the body fight infection. It is made up of lymph nodes and lymphatic vessels that carry a fluid called lymph around the body. See also **lymph nodes.**

Lymph nodes
Small bean-shaped glands that are part of the lymphatic system. They are clustered in various sites around the body. The lymph nodes in the groin and pelvic area are near the prostate and are a common place for prostate cancer to spread to. Sometimes called lymph glands. See also **lymphatic system.**

Lymphoedema
This is caused by a blockage in the lymphatic system. If the lymphatic system is blocked or damaged, fluid can build up in the body's tissues and cause swelling. This is lymphoedema. It can be caused by the cancer itself or by some treatments for prostate cancer, for example surgery or radiotherapy. See also **lymphatic system.** Booklet – **Advanced prostate cancer: Managing symptoms and getting support.**

M

Magnetic resonance imaging (MRI) scan
A scan that uses magnets to create a detailed picture of the prostate and the surrounding tissues. You may have an MRI scan to find out whether your cancer has spread outside your prostate. Fact sheet – **How prostate cancer is diagnosed.**

Malignant
A tumour that is malignant is cancerous and can spread. See also **tumour.**

Maximal androgen blockade
See **combined androgen blockade.**

Metastasis
Cancer cells that have spread from the prostate to other parts of the body. Cancers that have spread may be called metastases, mets, secondary cancers or secondaries. A cancer that has spread is said to have metastasised. It may also be called advanced cancer.

Metastatic spinal cord compression (MSCC)
MSCC happens when cancer cells grow in or near to the spine and press on the spinal cord. It can affect men with advanced prostate cancer. It is not common but needs urgent medical attention. Fact sheet – **Metastatic spinal cord compression (MSCC).**

Multi-disciplinary team (MDT)
The team of health professionals or specialists involved in your care. Your MDT is likely to include a clinical nurse specialist, oncologist, urologist, radiologist, pathologist, diagnostic radiographer and a therapeutic radiographer. See also **clinical nurse specialist (CNS), oncologist, urologist, radiologist, pathologist** and **radiographer.**

N

Neoadjuvant therapy
A treatment you might have before you start your main treatment, to help make the main treatment more successful. For example, you may have hormone therapy before brachytherapy or external beam radiotherapy to shrink your prostate so it's easier to treat. See also **adjuvant therapy.**

Nerve-sparing prostatectomy
A type of surgery to remove the prostate that aims to avoid damaging the nerves around the prostate that help control erections. Fact sheet – **Surgery: radical prostatectomy**.

Nocturia
The need to get up at night to urinate. This can be a symptom of a prostate problem such as an enlarged prostate or a side effect of some treatments for prostate cancer. See also **enlarged prostate.** Booklet – **Know your prostate: A guide to common prostate problems.** Fact sheet – **Urinary problems after prostate cancer treatment.**

O

Oestrogen
A female sex hormone that can be used as a type of hormone therapy for advanced prostate cancer. Diethylstilbestrol (Stilboestrol®) is a drug form of oestrogen. Fact sheet – **Treatment options after your first hormone therapy.**

Oncologist
A doctor who specialises in cancer treatments other than surgery, such as radiotherapy or chemotherapy. There will usually be an oncologist in your multi-disciplinary team. See also **multi-disciplinary team (MDT).**

Oncology
The diagnosis and treatment of cancer.

Orchidectomy
An operation to remove the testicles, or the parts of the testicles that make testosterone. It is a type of hormone therapy and can be used to treat prostate cancer. See also **testosterone** and **hormone therapy.** Fact sheet – **Hormone therapy.**

Osteoporosis
A condition where bones become weaker – increasing the risk of broken bones. It can have many causes. It can be a side effect of having some types of hormone therapy. Also called bone thinning. Booklet – **Living with hormone therapy: A guide for men with prostate cancer.**

P

Palliative care
This aims to control pain and other symptoms. It also provides emotional, physical, practical and spiritual support. Palliative care can be provided at any stage of advanced prostate cancer and isn't just for men in the final stages of life. Men with advanced prostate cancer may have palliative care for many months or years. Booklet – **Advanced prostate cancer: Managing symptoms and getting support.**

Palliative radiotherapy
Radiotherapy given to men with advanced prostate cancer. It slows down the growth of the cancer and controls symptoms, such as bone pain or blood in the urine. It doesn't get rid of the cancer. Fact sheet – **Radiotherapy for advanced prostate cancer**.

Pathologist
A doctor who specialises in studying cells and tissues under a microscope to identify diseases. A pathologist examines prostate biopsy samples to see if there is any cancer in your prostate. There will usually be a pathologist in your multi-disciplinary team. See also **multi-disciplinary team (MDT).**

Pelvic floor muscle exercises
These exercises strengthen the pelvic muscles and can help men who leak urine after treatment for prostate cancer. They may also help with erection problems after prostate cancer treatment. Fact sheet – **Pelvic floor muscle exercises.**

Pelvis
The area of the body surrounded by the hip bones where the bladder, lower part of the bowel and the prostate are found.

Penile rehabilitation
Treatment for erection problems, which can be a side effect of treatment for prostate cancer. Options include tablets, injections and vacuum pumps. These can be started in the weeks and months after treatment. Fact sheet – **Sex and prostate cancer** and booklet – **Prostate cancer and your sex life.**

Perineum
The area between the scrotum and the back passage (rectum). See diagram on page 14.

Permanent seed brachytherapy
A type of internal radiotherapy used to treat prostate cancer. Radioactive seeds are implanted into the prostate where they give off radiation that destroys the prostate cancer. Fact sheet – **Permanent seed brachytherapy.**

Phosphodiesterase (PDE5) inhibitors
A group of medicines that can help men to get erections. They can help some men with erection problems after prostate cancer treatment. Common PDE5 inhibitors include sildenafil (Viagra®), tadalafil (Cialis®) and vardenafil (Levitra®). Fact sheet – **Sex and prostate cancer** and booklet – **Prostate cancer and your sex life.**

Proctitis
Inflammation of the lining of the back passage. This can be caused by radiotherapy for prostate cancer and may lead to bleeding from the back passage, difficulty emptying the bowels, or a feeling of needing to empty the bowels but finding you can't. Fact sheet – **External beam radiotherapy.**

Prognosis
Your prognosis is the likelihood that your cancer will be successfully treated. It is sometimes called your outlook. No one can tell you exactly what your prognosis will be, as every cancer is different and will affect each man differently. Booklet – **Prostate cancer: A guide for men who've just been diagnosed.**

Prostatectomy
See **radical prostatectomy.**

Prostate gland
Only men have a prostate gland. The prostate's main job is to make semen – the fluid that carries sperm. It sits underneath the bladder and surrounds the urethra – the tube that men urinate and ejaculate through. See diagram on page 14. Booklet – **Know your prostate: A guide to common prostate problems**.

Prostate specific antigen (PSA)
A protein produced by the prostate. It is normal for all men to have a small amount of PSA in their blood. A raised PSA level can be caused by a number of things including age, infection, an enlarged prostate and prostate cancer. Booklet – **Understanding the PSA test: A guide for men concerned about prostate cancer.**

Prostatic intraepithelial neoplasia (PIN)
PIN, also known as high grade PIN, is certain changes to cells in the prostate. It isn't prostate cancer. The cells may grow in a different way to normal prostate cells. These changes can only be seen under a microscope. Although PIN is not prostate cancer, many men with prostate cancer do have some PIN as well. But not all men with PIN get prostate cancer. Fact sheet – **Prostate biopsy results: PIN and ASAP.**

Prostatitis
An inflammation or infection of the prostate. It's a common condition which can affect men of any age, but it's most common in men aged between 30 and 50. Prostatitis can cause a wide range of symptoms, which vary from man to man. Common symptoms include problems urinating and pain or discomfort around your testicles, back passage or lower abdomen. Booklet – **Prostatitis: A guide to infection or inflammation of the prostate.**

PSA density
The measurement of your PSA level in relation to the volume of your prostate. See also **prostate specific antigen (PSA)** and **prostate gland.**

PSA test
A test that measures the amount of PSA in the blood. It can be used alongside other tests to help diagnose prostate problems, monitor prostate cancer and check how well treatment is working. See also **prostate specific antigen (PSA).** Booklet – **Understanding the PSA test: A guide for men concerned about prostate cancer.**

PSA velocity
The rate at which your PSA level rises over time. This can suggest how quickly your prostate cancer is growing. Sometimes called PSA doubling time. See also **prostate specific antigen (PSA).**

Psychosexual therapist
See **sex therapist.**

R

Radiation cystitis
See **cystitis.**

Radical prostatectomy
Surgery to remove the prostate and the cancer inside it. The seminal vesicles are also removed. See also **laparoscopic prostatectomy, robotic prostatectomy** and **seminal vesicles.** Fact sheet – **Surgery: radical prostatectomy.**

Radiographer
Someone who takes scans or gives radiotherapy. Diagnostic radiographers take scans to help diagnose cancer or to check how well treatment has worked. Therapeutic radiographers plan and deliver radiotherapy to treat cancer. They also check how well the treatment has worked and do follow-up checks. There may be a radiographer in your multi-disciplinary team. See also **radiotherapy** and **multi-disciplinary team (MDT).**

Radiologist
A doctor who specialises in diagnosing medical conditions using X-rays and scans. There will usually be a radiologist in your multi-disciplinary team. See also **multi-disciplinary team (MDT).**

Radiotherapy
The use of radiation to destroy cancer cells. There are different types of radiotherapy, including external beam radiotherapy and brachytherapy. See also **external beam radiotherapy, permanent seed brachytherapy** and **high dose-rate brachytherapy.** Fact sheets – **External beam radiotherapy, Permanent seed brachytherapy, High dose-rate brachytherapy** and **Radiotherapy for advanced prostate cancer.**

Rectum
The last part of the bowel before the anus. Also called the back passage. See diagram on page 14.

Recurrent prostate cancer
Prostate cancer that has come back after treatment. Booklet – **If your prostate cancer comes back: A guide to treatment and support**.

Remission
Someone who has had cancer is in remission when tests no longer show any signs of the cancer.

Retrograde ejaculation
This is when you orgasm and the semen does not come out straightaway, but is passed out of the body the next time you urinate. It is not harmful and should not affect your enjoyment of sex but it may feel quite different to the orgasms you are used to. It can happen if you have had a surgery called trans-urethral resection of the prostate (TURP). See also **Trans-urethral resection of the prostate (TURP).** Booklet – **Prostate cancer and your sex life.**

Risk factor
Something that may make a person more likely to develop a disease. For example, the risk of getting prostate cancer increases with age, so age is a risk factor for prostate cancer.

Robotic prostatectomy
Keyhole surgery (laparoscopic prostatectomy) which is carried out with the help of a robot. See **laparoscopic prostatectomy** and **radical prostatectomy.** Fact sheet – **Surgery: radical prostatectomy.**

S

Salvage therapy/second-line treatment
A treatment that treats cancer that has come back after the first treatment. Booklet – **If your prostate cancer comes back: A guide to treatment and support.**

Screening
Screening programmes aim to spot the early signs of cancers in people who do not have any symptoms. By finding cancer early, it could be treated in time to cure it. There is currently no screening programme for prostate cancer in the UK. But the Prostate Cancer Risk Management Programme gives men over 50 who want a PSA test the right to have one on the NHS – as long as they have talked through the pros and cons with their GP. Booklet – **Understanding the PSA test: A guide for men concerned about prostate cancer.**

Scrotum
The pouch of skin that contains the testicles. See diagram on page 14.

Secondary cancer
See **metastasis.**

Self management
Being actively involved in looking after your own health. Examples include changing your diet and taking regular exercise which may help manage the impact of prostate cancer and its treatment. Booklet – **Living with and after prostate cancer: A guide to physical, emotional and practical issues**. Fact sheet – **Diet, physical activity and prostate cancer**.

Seminal vesicles
The two glands situated behind the prostate and bladder that produce some of the fluid in semen. See diagram on page 14.

Sex therapist
Sex therapy normally involves a series of counselling sessions where you can talk about any sexual or emotional issues that might be causing problems having sex. Sometimes also called psychosexual therapists or psychosexual counsellors. Fact sheet – **Sex and prostate cancer** and booklet – **Prostate cancer and your sex life.**

Specialist team
See **multi-disciplinary team (MDT).**

Sphincter
See **urinary sphincter**.

Spinal cord compression (SCC)
See **metastatic spinal cord compression (MSCC).**

Staging
A way of describing how far cancer has spread. The most common method used to stage prostate cancer is the TNM (Tumour-Nodes-Metastases) system. Fact sheet – **How prostate cancer is diagnosed.**

Steroids
A type of drug used alongside other treatments such as chemotherapy. They can reduce swelling, inflammation and pain and may improve appetite. They may also be used to treat prostate cancer when hormone therapy is no longer working well. Steroids can be given as tablets or injections. Fact sheets – **Managing pain in advanced prostate cancer**, **Treatment options after your first hormone therapy** and **Chemotherapy.**

Stricture
A narrowing of a tube in the body. A stricture in your urethra can be caused by some treatments for prostate cancer, such as brachytherapy. This can cause problems urinating. See also **urethra.**

T

Template prostate biopsy
This involves taking more tissue samples than a TRUS biopsy. The number of samples taken will vary but can be around 30 to 50 from different areas of the prostate. The biopsy needles are inserted through the skin between the testicles and the back passage (the perineum). See also **perineum, biopsy** and **trans-rectal ultrasound (TRUS).** Fact sheet – **How prostate cancer is diagnosed.**

Temporary brachytherapy
See **high dose-rate brachytherapy**.

Testicles / testes
Part of a man's reproductive system. They are contained in the scrotum and produce testosterone and sperm. See diagram on page 14.

Testosterone
A male sex hormone. It controls how the prostate grows and develops. It also controls male characteristics such as erections, muscle strength and the growth of the penis and testicles. Most of the testosterone in the body is made by the testicles. Testosterone can make prostate cancer cells grow faster. See also **androgens** and **hormones.**

Tissue
A group of cells that do a specific job in the body. For example, the prostate is made up of prostate tissue.

Trans-rectal ultrasound (TRUS) guided biopsy
This involves using thin needles to take around 10-12 small samples of tissue from the prostate. The biopsy is done through the back passage. An ultrasound scan (TRUS) is done at the same time to help guide the biopsy needles. Fact sheet – **How prostate cancer is diagnosed**.

Trans-urethral incision of the prostate (TUIP)
See **bladder neck incision**.

Trans-urethral resection of the prostate (TURP)
Surgery to remove prostate tissue that is pressing on your urethra. TURP may be used to treat an enlarged prostate. See also **enlarged prostate**. Fact sheet – **Trans-urethral resection of the prostate (TURP)**.

Tumour
A growth of cells that isn't normal. Tumours can be benign or malignant. See also **benign** and **malignant**.

U

Urethra
The tube that carries urine from the bladder, and semen from the reproductive system, through the penis and out of the body. See diagram on page 14.

Urgency
A sudden and immediate need to urinate, which can be a symptom of prostate problems. Or an urgency to open the bowels, which can be a side effect of radiotherapy.

Urinary frequency
The need to urinate frequently. This can be a symptom of a prostate problem or a side effect of treatment for prostate cancer.

Urinary incontinence
Leaking urine. This can range from leaking a few drops of urine when you cough or sneeze (stress incontinence) to not being able to control when you urinate at all. It can be a side effect of treatment for prostate cancer. Fact sheet – **Urinary problems after prostate cancer treatment**.

Urinary sphincter
The circular muscle that surrounds your urethra and controls the flow of urine from your bladder.

Urodynamics
A test to measure how well the bladder is working. It's sometimes used to help diagnose an enlarged prostate and to decide what treatment to use. See also **enlarged prostate.** Booklet – **Enlarged prostate: A guide to diagnosis and treatment.**

Urologist
A doctor who specialises in conditions affecting the urinary and reproductive systems. Urologists are surgeons and carry out radical prostatectomies. There will usually be a urologist in your multi-disciplinary team. See also **radical prostatectomy** and **multi-disciplinary team (MDT)**.

Urology
The treatment of diseases of the urinary system, including prostate cancer.

V

Vacuum pump
A pump used to help men get an erection. It can be used to treat erection problems after treatment for prostate cancer. Fact sheet – **Sex and prostate cancer** and booklet – **Prostate cancer and your sex life.**

W

Watchful waiting
A way to monitor prostate cancer that aims to avoid treatment unless symptoms develop. You will have tests to keep an eye on the cancer over the long term. If symptoms develop, you will be offered treatment to control the cancer, rather than curing it. Watchful waiting may be suitable for men with other health problems or for men whose cancer is unlikely to cause problems during their lifetime. Watchful waiting is different to active surveillance. See also **active surveillance.** Fact sheet – **Watchful waiting.**

The prostate gland and surrounding parts of the male body

About us

Prostate Cancer UK has a simple ambition: to stop men dying from prostate cancer – by driving improvements in prevention, diagnosis, treatment and support.

This fact sheet is part of the Tool Kit. You can order more Tool Kit fact sheets.

Download and order our fact sheets and booklets from our website at **prostatecanceruk.org/publications** or call us on **0800 074 8383**.

At Prostate Cancer UK, we take great care to provide up-to-date, unbiased and accurate facts about prostate cancer. We hope these will add to the medical advice you have had and help you to make decisions. Our services are not intended to replace advice from your doctor.

References to sources of information used in the production of this fact sheet are available at **prostatecanceruk.org**

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Speak to our Specialist Nurses

0800 074 8383*

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Donate today – help others like you

Did you find this information useful? Would you like to help others in your situation access the facts they need? Every year, 40,000 men face a prostate cancer diagnosis. Thanks to our generous supporters, we offer information free to all who need it. If you would like to help us continue this service, please consider making a donation. Your gift could fund the following services:

- £10 could buy a Tool Kit – a set of fact sheets, tailored to the needs of each man with vital information on diagnosis, treatment and lifestyle.
- £25 could give a man diagnosed with a prostate problem unlimited time to talk over treatment options with one of our Specialist Nurses.

To make a donation of any amount, please call us on **0800 082 1616**, visit **prostatecanceruk.org/donate** or **text PROSTATE to 70004**†.
There are many other ways to support us. For more details please visit **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

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Call our Specialist Nurses from Monday to Friday 9am - 6pm, Wednesday 10am - 8pm

* Calls are recorded for training purposes only.
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