UNDERSTANDING
PROSTATE CANCER
This booklet was produced by Prostate Cancer Foundation of Australia (PCFA) to inform men, their families and friends about prostate cancer.

For more information about prostate cancer, PCFA has a number of resources. Please visit PCFA website: pcfa.org.au or call: (02) 9438 7000 / 1800 220 099 (freecall).

ACKNOWLEDGEMENTS

PCFA gratefully acknowledges the input, advice and guidance of the men with prostate cancer and health professionals who helped in the development of this booklet by offering their time to review its content.

We would like to thank:
— A/Professor Nick Brook (Urologist)
— David Gray (Prostate Cancer Specialist Nurse)
— Bruce Kynaston (Consumer)
— Dr David Malouf (Urologist)
— Richard Riley (Consumer)
— Elizabeth Watt (Registered Nurse)
— Alyssa White (Cancer Council Australia)

Contributors:
Dr Tim Wong (PCFA)
A/Professor Anthony Lowe (PCFA)
Julie Sykes (PCFA)
Sarah Lowe (Cloudmaker Consulting)

Editor:
Helen Signy

Medical Illustration:
Marcus Cremonese

Photography:
Gavin Jowitt

NOTE TO READER

What is known about prostate cancer and treatments is constantly changing and being updated. Please talk to your doctor, who can give you information that is specific to your unique needs and situation.

DISCLAIMER

PCFA develops materials based on the best available evidence and takes advice from recognised experts in the field; however, it cannot guarantee and assumes no legal responsibility for the currency or completeness of the information.

PERIODIC UPDATES

It is planned that PCFA will review this booklet after a period of, but not exceeding, four years.


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Chief Executive Officer
Prostate Cancer Foundation of Australia
PO Box 499
St Leonards NSW 1590

Featured on the cover:

JOEL PLUMMER
PCFA Ambassador

DARYL LIM JOON
Radiation Oncologist
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This booklet aims to raise awareness about prostate cancer. It provides general information about this disease, and will help you understand what you can do to look after the health of your prostate gland.

This booklet should be helpful whether you are in a relationship or single, heterosexual or non-heterosexual, at an age when you don’t think prostate cancer is something you have to think about, or at an age when you’ve been told that it is. The information in this booklet will answer some of your questions about prostate cancer, or help you think of questions to ask your doctor.

Partners, families and friends of men who want to know more about prostate cancer may also find this information useful. In this booklet, we use ‘partner’ to mean wife, de-facto, same-sex partner, boyfriend or girlfriend. This booklet does not need to be read from beginning to end. You can just read the sections that are useful to you.

If the information you want is not in this booklet, please contact one of the organisations listed in the ‘Where can I get more information?’ section.

In Australia prostate cancer is the most commonly diagnosed cancer in men.
I was relieved to know that knowledge about prostate cancer dispelled the fear and uncertainty I had.
I knew there was something in my body called a prostate but I knew nothing about it beyond that. I didn’t even know what it did.
HOW COMMON IS PROSTATE CANCER?
In Australia, prostate cancer is the most commonly diagnosed cancer in men after skin cancer. It is expected that prostate cancer will continue to be the most common cancer diagnosed in men in 2020. Over 20,000 men are diagnosed with prostate cancer each year, which accounts for over 30% of all new cases of cancer diagnosed in men. It is the second most common cause of cancer-related death in Australian men.

A prostate cancer diagnosis is least common in men under 50 (less than 3%). The chance of a prostate cancer diagnosis increases with age; almost 80% of all diagnoses occur in men aged 60 and over. More than 3,000 men die from prostate cancer in Australia every year, making it the fourth leading cause of death for men.

WHAT IS THE PROSTATE GLAND?
Only men have a prostate gland. Knowing what the prostate gland is, and where it is in the body, can help you better understand prostate cancer.

The prostate gland is part of the male reproductive system. It sits below the bladder and in front of the rectum. It surrounds the urethra, the passage through which urine and semen pass.

The prostate gland produces most of the fluid that makes up semen, which enriches and protects sperm. The prostate gland needs the male hormone testosterone to grow and develop. Testosterone is made in the testicles.

The prostate gland is often described as the size of a walnut and it is normal for it to grow as men get older. Sometimes this can cause problems, such as difficulty with urinating. These problems are common in older men and are not always symptoms or signs of cancer.
WHAT IS CANCER?
Cancer is a disease of the cells in the body. Changes to our genes can make cells grow and reproduce abnormally. Sometimes they grow into a lump called a tumour. Not all tumours are cancerous. Non-cancerous tumours are called benign and cancerous tumours are called malignant.

Malignant tumours are made up of cancer cells. Cancer cells have the ability to spread beyond an organ and around the body. When cancer cells spread to other parts of the body, it is called metastatic cancer.

THE BEGINNING OF CANCER

Normal cells
Boundary
Lymph vessel
Vein
Artery
Abnormal cells
Non-invasive cancer
Invasive cancer

WHAT IS PROSTATE CANCER?
Prostate cancer occurs when abnormal cells develop in the prostate gland, forming a malignant tumour (cancerous growth). These abnormal cells can continue to multiply and may spread outside the prostate gland into nearby or distant parts of the body.

‘When they hear the word ‘cancer’, people feel they’re going to die straight away.’

Prostate cancer is generally a slow-growing disease, and the majority of men with prostate cancer can live for a long time without painful symptoms or the cancer spreading.

Prostate cancer is not infectious or contagious. You cannot ‘catch’ prostate cancer.

Symptoms of prostate cancer
In the early stage of prostate cancer, there are usually no symptoms. Later stage prostate cancer can cause symptoms that include:
— feeling the frequent or sudden need to urinate
— finding it difficult to urinate (for example, trouble starting, not being able to urinate when the feeling is there, poor urine flow)
— discomfort when urinating
— finding blood in urine
— pain in various bones if the cancer has spread to them.

These symptoms are not always caused by prostate cancer. They can be caused by other prostate-related diseases that are not cancerous, such as benign prostatic hyperplasia (benign enlargement of the prostate gland) or prostatitis (inflammation of the prostate gland).

It is important that you speak with your doctor if you have any of these symptoms.
Prostate cancer is not infectious or contagious. You cannot ‘catch’ prostate cancer.

Benign Prostatic Hyperplasia (BPH)
BPH, sometimes called benign prostatic enlargement, is a condition of the prostate gland. It is not cancer and it is common in older men. BPH is when the prostate gland becomes larger than normal.

When the prostate gland becomes enlarged, it can ‘squeeze’ the urethra and can make it narrower. When this happens, it can cause symptoms such as difficulty urinating, a frequent need to urinate during the day, feeling an urgent need to pass urine, and a feeling that the bladder has not emptied completely. Having these symptoms does not mean you are more likely to develop or have prostate cancer.

BPH can be a progressive condition and symptoms can get worse over time if not treated.

Prostatitis
Prostatitis is inflammation of the prostate gland, which is sometimes caused by an infection. It is a condition that can affect both younger and older men. Prostatitis is not cancer or a sexually transmissible infection. It is not a sign of prostate cancer.

Prostatitis can cause symptoms such as pain or discomfort in the testicles, in the area between the testicles and anus (perineum), difficulty urinating, frequent and painful urination, painful ejaculation, and lower back pain.

There are different types of prostatitis, which can be caused by a bacterial infection or non-infectious inflammation. The best treatment depends on the type of prostatitis.
WHAT ARE THE RISK FACTORS FOR PROSTATE CANCER?

The risk of cancer is increased by events that happen naturally, the characteristics you are born with, or things you do that increase your chance of developing the disease. This means some risk factors you can do something about, and others you can’t.

It is important to be aware of all of these risk factors. Remember that risk factors are about the chances of developing a disease. They do not mean that developing the disease is a foregone conclusion.

There have been many studies looking at risk factors for prostate cancer. Factors that are most strongly linked to an increased chance of developing prostate cancer are:

— Age: Prostate cancer is an age-dependent disease, which means the chance of developing the disease generally increases with age. Prostate cancer is rarely diagnosed in men under 40 and usually affects men over 60. The risk of having prostate cancer by the age of 75 is 1 in 7 men. By the age of 85, the number increases to 1 in 5.

— Family history: If a man has a first degree male relative with prostate cancer (father or brother), he has a higher chance of developing prostate cancer than men with no such history. The risk increases again if more than one male relative has had prostate cancer. Risks are also highest for men whose male relatives with prostate cancer were diagnosed when young.

Other factors that may increase the risk of developing prostate cancer include:

— Genetics: Genes are found in every cell of the body. They control the way the cells in the body grow and behave. Every person has a set of many thousands of genes inherited from both parents. Changes to genes can increase the risk of prostate cancer being passed from parent to child. Although prostate cancer can’t be inherited, a man can inherit genes that can increase the risk.

— Diet: There is some evidence to suggest that eating a lot of processed meat or food that is high in fat may increase the risk of developing prostate cancer.

— Lifestyle: There is evidence showing that environment and lifestyle can affect prostate cancer risk. For example, Asia has the lowest rates of prostate cancer, but when a man from an Asian country migrates to a Western country, his risk of developing prostate cancer increases. This suggests that external factors like environment and lifestyle can change a man’s level of risk of developing prostate cancer.
Prostate cancer isn’t preventable but there are things that you can do that may reduce the risk. These are called protective factors.

REDUCING THE RISK OF DEVELOPING PROSTATE CANCER

Prostate cancer isn’t preventable but there are things that you can do that may reduce the risk. These are called protective factors.

Unlike other types of cancer that have clear protective factors (for example, not smoking to prevent lung cancer), there is no evidence to show that there are clear protective factors for prostate cancer. However, there is evidence suggesting that there are things that can be done to improve overall health and therefore possibly reduce the risk of prostate cancer.

Some examples of protective factors include the following.

Diet
There is no evidence to suggest that there is an ideal diet for reducing prostate cancer risk. However, eating more fruit and vegetables and less meat may be important, and this approach is part of looking after your health.

In general, the Australian Dietary Guidelines suggest:
— eat plenty of vegetables, legumes/beans and fruit
— eat wholegrain (cereal) food such as bread, pasta, rice, noodles
— eat lean meat, fish and poultry as well as other protein sources such as tofu – include milk, yoghurt and cheese (reduced or low fat)
— drink plenty of water
— limit saturated fat such as in biscuits, cakes, pies and processed meats
— limit added salt
— limit added sugars such as confectionery, sugar-sweetened soft drinks
— limit alcohol.

The Australian Guide to Healthy Eating diagram on the next page shows the types of food and portions recommended.

Physical activity
There is evidence to show that regular physical activity and exercise can be protective factors for prostate cancer and improve overall health.
Australian Guide to Healthy Eating

Enjoy a wide variety of nutritious foods from these five food groups every day.
Drink plenty of water.

Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties
- Polenta
- Quinoa
- Penne
- Muesli
- Wheat flakes
- Rolled oats

Lean meats and poultry, fish, eggs, tofu, nuts and seeds and legumes/beans
- Chickpeas
- Mixed nuts
- Lentils
- Red kidney beans
- Red lentils
- Fettuccine
- Penne

Vegetables and legumes/beans
- Broccoli
- Carrots
- Red kidney beans
- Beans
- Red lentils
- Chickpeas
- Cucumbers

Fruit
- Pineapple
- Apple
- Banana

Milk, yoghurt, cheese and/or alternatives, mostly reduced fat
- Milk
- Cheese
- Yoghurt

Use small amounts

Only sometimes and in small amounts
- Wine
- Beer
- Soft drinks
- Processed snack foods
- Potato chips
HOW IS PROSTATE CANCER DETECTED AND DIAGNOSED?

Detection
A blood test and physical examination are usually the first step a doctor will take to check the health of your prostate gland and for possible prostate cancer.

Doctors are required to inform you and get your permission before they do any testing. Make sure you understand the tests before agreeing to them because the test results can lead to actions that may be life-changing.

— **Blood test (prostate specific antigen (PSA) test):** PSA is a protein that is made in the prostate gland and can be found in the blood. The result from the PSA test shows whether or not there is an increased amount of this protein in your blood. Depending on the result, you may need further investigation by a specialist. A high PSA result does not always mean you have cancer. Prostatic diseases such as prostatitis can also cause a higher than normal PSA result.

— **Physical examination (digital rectal examination):** The prostate gland is located in front of the rectum. One way of checking the health of the prostate gland is for the doctor to insert a gloved, lubricated finger through the anus and into the rectum to check the size and texture of the prostate and feel if there are any abnormalities. This is called a digital rectal examination (DRE). A normal DRE exam does not rule out prostate cancer, but it is an important part of the assessment. The DRE is usually done in combination with a PSA test.

Depending on the results of the PSA test and DRE, your doctor may request repeat tests and refer you to a urologist, a doctor who specialises in the urinary and reproductive area.

Diagnosis
After doing these tests, and depending on the results, a biopsy may be done. This is the only way a firm diagnosis of prostate cancer can be made. The urologist removes small samples of tissue from your prostate using a very thin, hollow needle, guided by an ultrasound. The prostate gland is either accessed through the rectum (transrectal) or the perineum (transperineal), which is the area between the anus and scrotum.

A biopsy is usually done as an outpatient procedure and the doctor will likely advise a short course of antibiotics starting just before the biopsy and continuing afterwards to reduce the chance of infection. The tissue is sent to a pathologist to identify whether the cells are malignant (cancerous) or benign (non-cancerous).

For more information about the diagnosis and treatment of prostate cancer, please see the series of booklets on localised prostate cancer available through PCFA (www.pcfa.org.au).
I was doing a regular health check and my doctor said, ‘oh, we’ll toss in a PSA test’… I had no idea what he was talking about.
QUESTIONS TO ASK YOUR DOCTOR
To gain a better understanding of your prostate gland, it is important to talk to your doctor. As well as the information contained in this booklet, the following questions will help you discuss your personal needs and what you may need to do. These are not the only questions to ask, but they may help you think of others that are relevant to you.

— Members of my family have had prostate cancer. Given my age, should I be tested?
— What are the tests you are going to do?
— Why these ones?
— How reliable are the tests?
— What are the costs of doing the tests?
— What do I need to do before doing the tests? Is there anything I shouldn’t do?
— How long do I have to wait for my results?
— What do the test results tell me?
— What are the consequences of a positive test?
— Do I need to have more tests?
— When should I have my next prostate check?
— Do I need to see a specialist? What will that cost?
— Are there any diet or lifestyle changes I should make?
— Are there information materials (printed or websites) you would recommend for me to read?
— If I have prostate cancer, what are the treatment options?
— Do I have to start treatment straight away or can I wait?

SHOULD I TALK WITH OTHERS ABOUT MY PROSTATE HEALTH?
Agreeing to be tested for prostate cancer is an important decision because the test result can be life-changing.

If you have concerns about your prostate gland or testing for prostate cancer, talking with others about these concerns can be useful. If you have a partner, talking with them can help you work out what you may need to do.

You can learn a lot from talking with people who have gone through a similar situation. If you have a male relative or friend who has been tested for or who has had prostate cancer, it may help to chat to him if he’s willing. However, it’s also important to remember that every situation is different, so what he experienced may not be what you’ll experience.

If you are uncomfortable talking to someone you know, there are organisations that can give you more information. Some of these organisations are listed in the following section.

MEDICARE COVER
Medicare covers some of the costs of procedures and tests used to diagnose prostate cancer, but there may be some out-of-pocket costs. The doctor can answer your questions about why certain procedures and tests are needed and how much they will cost. You can prepare by being informed of the potential financial outlay.

If you see a doctor often and have to have tests done regularly, the Medicare Safety Net (MSN) can help with the costs. After you reach the relevant threshold, the MSN can provide an additional benefit for services covered by the Medical Benefits Schedule (MBS), in addition to the standard Medicare benefit.


BEFORE TESTING
Ejaculation can cause an increase in PSA in the blood. It is recommended that men do not ejaculate for 48 hours before a PSA test to make sure the result is accurate. Also, manipulation of the prostate through a DRE, or other forms of prostate stimulation during sex, can cause the PSA to rise. These activities should be avoided before a PSA test.
WHERE CAN I GET MORE INFORMATION?
Listed below are some of the leading organisations and services that can provide you with accurate information and support about prostate cancer.

Prostate Cancer Foundation of Australia (PCFA)
Telephone: (02) 9438 7000 or 1800 220 099 (freecall)
enquiries@pcfa.org.au
www.pcfa.org.au

Cancer Australia
www.canceraustralia.gov.au

Cancer Council Australia
www.cancer.org.au

Cancer Council Helpline
Telephone: 13 11 20

Andrology Australia
Telephone: 1300 303 878
info@andrologyaustralia.org
www.andrologyaustralia.org

Cancer Councils:

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<th>Cancer Council ACT</th>
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<tr>
<td>Telephone: (02) 6257 9999</td>
<td>Telephone: (08) 8927 4888</td>
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<tr>
<td><a href="mailto:reception@actcancer.org">reception@actcancer.org</a></td>
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<td><a href="http://www.actcancer.org">www.actcancer.org</a></td>
<td><a href="http://www.cancernct.com.au">www.cancernct.com.au</a></td>
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<tr>
<th>Cancer Council SA</th>
<th>Cancer Council VIC</th>
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<td>Telephone: (08) 8291 4111</td>
<td>Telephone: (03) 9514 6100</td>
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<td><a href="mailto:tcc@cancersa.org.au">tcc@cancersa.org.au</a></td>
<td><a href="mailto:enquiries@cancervic.org.au">enquiries@cancervic.org.au</a></td>
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<th>Cancer Council QLD</th>
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<td>Telephone: (02) 9334 1900</td>
<td>Telephone: (07) 3634 5100</td>
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<td><a href="mailto:feedback@nswcc.org.au">feedback@nswcc.org.au</a></td>
<td><a href="mailto:info@cancerqld.org.au">info@cancerqld.org.au</a></td>
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<th>Cancer Council WA</th>
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<td><a href="mailto:infotas@cancertas.org.au">infotas@cancertas.org.au</a></td>
<td><a href="mailto:enquiries@cancerwa.asn.au">enquiries@cancerwa.asn.au</a></td>
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<td><a href="http://www.cancertas.org.au">www.cancertas.org.au</a></td>
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Agreeing to be tested for prostate cancer is an important decision because the test result can be life-changing.
The words listed below are used in this booklet, and you are likely to hear them used by health care professionals.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Biopsy</td>
<td>The removal of a small amount of tissue from the body, for examination under a microscope, to help diagnose a disease.</td>
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<tr>
<td>Cancer</td>
<td>A term for diseases in which abnormal cells divide without control.</td>
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<td>Cells</td>
<td>The building blocks of the body. Unless they are abnormal or damaged, as cancer cells are, cells can reproduce themselves exactly.</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>The identification and naming of a person’s disease.</td>
</tr>
<tr>
<td>Digital rectal examination (DRE)</td>
<td>An examination of the prostate gland through the wall of the rectum. Your doctor will insert a gloved finger into the rectum and is able to feel the shape of the prostate gland. Irregularities in its shape and size may be caused by cancer.</td>
</tr>
<tr>
<td>Hormone</td>
<td>A substance that affects how your body works. Some hormones control growth, others control reproduction. They are distributed around the body through the bloodstream.</td>
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<tr>
<td>Lymph nodes</td>
<td>Also called lymph glands. Small, bean-shaped collections of lymph cells are scattered across the lymphatic system. They get rid of bacteria and other harmful things. There are lymph nodes in the neck, armpit, groin and abdomen.</td>
</tr>
<tr>
<td>Metastasis</td>
<td>The cancer has spread away from the place where it began.</td>
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<tr>
<td>Perineal (perineum)</td>
<td>The area between the anus and the scrotum.</td>
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<tr>
<td>Prognosis</td>
<td>The likely outcome of a person’s disease.</td>
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<tr>
<td>Prostate cancer</td>
<td>Cancer of the prostate gland, the male organ that sits next to the urinary bladder and contributes to semen (sperm fluid) production.</td>
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<tr>
<td>Prostate gland</td>
<td>The prostate gland is located between the bladder and the penis and sits in front of the rectum. It produces fluid that forms part of semen.</td>
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<tr>
<td>Prostate specific antigen (PSA)</td>
<td>A protein produced by cells in the prostate gland, which may be found in the blood in higher than normal amounts when prostate cancer is present.</td>
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<tr>
<td>Stage</td>
<td>The extent of a cancer and whether the disease has spread from its original site to other parts of the body.</td>
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<tr>
<td>Staging</td>
<td>Tests to find out, and also a way to describe, how far a cancer has spread. Frequently these are based on the tumour, the lymph nodes and the presence of distant metastases. Staging may be based on clinical or pathological features.</td>
</tr>
<tr>
<td>Testicles</td>
<td>Organs that produce sperm and the male hormone testosterone. They are found in the scrotum.</td>
</tr>
<tr>
<td>Testosterone</td>
<td>The major male hormone which is produced by the testicles.</td>
</tr>
<tr>
<td>Tumour</td>
<td>An abnormal growth of tissue. It may be localised (benign) or invade adjacent tissues (malignant) or distant tissues (metastatic).</td>
</tr>
<tr>
<td>Urethra</td>
<td>The tube that carries urine from the bladder and semen out through the penis and to the outside of the body.</td>
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Sources


- Haylock, P. J. (2001). Prostate Cancer. In P. J. Haylock (Ed.), Men’s cancers: how to prevent them, how to treat them, how to beat them (pp. 52-83). Alameda: Hunter House Inc.


Prostate Cancer Foundation of Australia (PCFA) is a broad-based community organisation and the peak national body for prostate cancer in Australia. We are dedicated to reducing the impact of prostate cancer on Australian men, their partners, families and the wider community.

We do this by:

— Promoting and funding world leading, innovative research in prostate cancer

— Implementing awareness campaigns and education programs for the Australian community, health professionals and Government

— Supporting men and their families affected by prostate cancer, through evidence-based information and resources, support groups and Prostate Cancer Specialist Nurses.