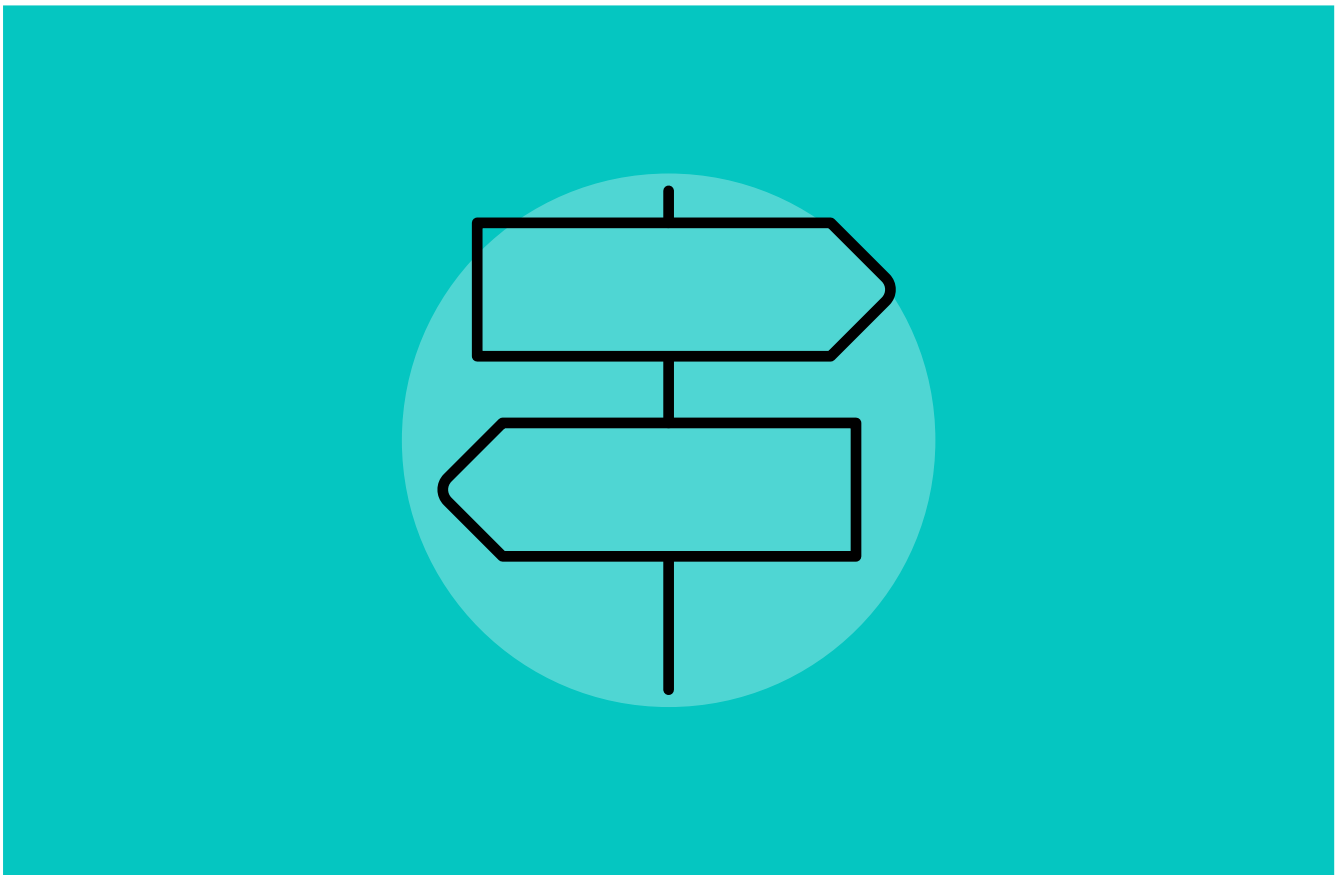
PCR Diagnosis Workflow

The explanation was created in Stonly

Welcome



This tool aims to help you find out about the different tests and scans used to diagnose prostate cancer, or to rule it out.

> This tool should not replace seeking professional medical advice.

To get started we need to know why you are here?

I want to learn about the risk of prostate cancer →
Go to **Page 3**

I have, or am worried about, symptoms →
Go to **Page 32**

I have been referred to hospital by my GP →
Go to **Page 36**

I want to know what might happen if I'm referred to hospital →
Go to **Page 36**

Worried about risk



There are a number of factors that may affect your risk of developing prostate cancer. These include things like family history, ethnicity and age. Your fitness levels and any other illnesses you may have will also affect you suitability for testing.

We strongly recommend reading this guide from the NHS on prostate cancer, risks and the pros and cons of PSA testing before you speak to your GP (this will open in a new tab).

I have finished reading the PSA testing guide. Take me to the next step →

Go to **Page 4**

PSA tests



If you choose to have a PSA test after speaking with your GP you may be offered a digital rectal examination (DRE) too.

Further information can be found below (clicking on these will open a new tab):

- Learn more about PSA
- Learn more about DRE

Let's find out what the results of these tests might be.

Your PSA is within a normal range for your age. Your DRE is not suspicious for prostate cancer. →
Go to **Page 5**

Your PSA is above normal for your age or your DRE is suspicious for prostate cancer. →
Go to **Page 6**

No further tests recommended



No further tests are recommended.

You may wish to consider talking with your GP about future monitoring, especially if you have a higher risk of prostate cancer.

Referral for further testing

At this point your GP will most likely refer you to hospital for further tests. In some areas some of these further tests may be done by your GP. This may include a repeat PSA and DRE.

You will likely get an appointment with a hospital. This will be to discuss your symptoms and conduct further investigations. This appointment may be over the phone.

Further information can be found below (clicking on this will open a new tab):

- Learn more about cancer waiting timeframes

There are a variety of factors that will be taken into account to determine what happens next.

Learn what might happen next →
Go to **Page 7**

Further testing

MRI scans are used to look at the prostate and local area.

> **Further information can be found below (clicking on this will open a new tab):**
>
> - Learn more about MRI scans

If one of the following apply you may not be offered a scan but this needs to be discussed with your hospital team:

1. You have metal in your body (e.g. shrapnel injury, pacemaker. although hip replacements are ok)
2. You have a fear of closed spaces (however, you can discuss suitable medication with your GP) - you may be offered an alternative scan
3. If your PSA is higher (this will vary in each hospital but is usually high double digits) you might be offered a bone and/or a CT scan
4. If you too unwell to, for example, go out and do your shopping by yourself, the team will have to make an individual decision for you.

Do any of these four statements apply to you?

> No - I think I am suitable for an MRI →
> Go to **Page 8**

> Yes - 1 or more of these applies to me →
> Go to **Page 18**

MRI scan



The MRI is designed to look for abnormal areas in the prostate and measure its volume.

There are three possible outcomes.

The MRI has not shown any abnormalities →
Go to **Page 9**

The MRI has not shown any obvious abnormalities →
Go to **Page 10**

The MRI has shown some abnormalities →
Go to **Page 17**

Further tests not recommended



Further tests are not recommended at the moment. You will be discharged back to your GP.

Your GP will monitor you with future PSA tests. They will discuss with you a threshold. If your PSA rises above this you would be referred back to the hospital for more tests.

No obvious abnormalities shown by MRI

Based on your risk factors you may be offered a choice of a biopsy or PSA surveillance.

Further information can be found below (clicking on this will open a new tab):

- Learn more about biopsies

What happens if I don't want a biopsy? →
Go to **Page 9**

What might my biopsy results show? →
Go to **Page 11**

Biopsy results

A prostate biopsy is done to check for prostate cancer.

A needle is inserted into your prostate to take out small samples (biopsies) of prostate tissue.

You won’t get any results at the time of the procedure. All the samples are sent to the lab and will be looked at under a microscope. You should get results within 1-3 weeks.

There are three possible outcomes based on the biopsy results:

Biopsy shows no suspicion of prostate cancer →
Go to **Page 9**

Biopsy doesn't match MRI scan result →
Go to **Page 12**

Biopsy shows prostate cancer →
Go to **Page 13**

Biopsy doesn't match MRI

You may be offered a choice of a repeat biopsy or a period of PSA surveillance. This will depend on a number of factors.

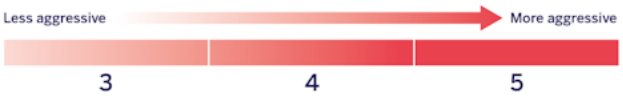
If after discussion you choose to have a repeat biopsy let's learn what the results might be.

Biopsy shows no suspicion of prostate cancer →
Go to **Page 9**

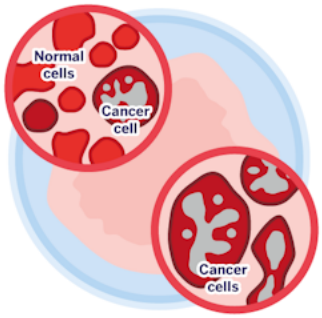
Biopsy shows prostate cancer →
Go to **Page 13**

Biopsy shows prostate cancer

Your biopsy is used to get a Gleason score.
Each sample from your biopsy is graded from 3 to 5.



Gleason Score	Risk
6 (3+3)	Low
7 (3+4)	Medium
7 (4+3)	Medium
8 (3+5), **8** (4+4), **8** (5+3)	High
9 (4+5), **9** (5+4), **10** (5+5)	High



Prostate cancer cells can look very different across the whole sample. This means that different areas of your cancer may have different grades. Your Gleason score is made up of two grades. They are added together to give the final Gleason score. It ranges from 6 to 10.

Sometimes the Gleason score is also referred to as the Grade Group. This is how they match up.

Grade Group	Gleason Score	Risk
1	**6** (3+3)	Low
2	**7** (3+4)	Medium
3	**7** (4+3)	Medium
4	**8** (3+5), **8** (4+4), **8** (5+3)	High
5	**9** (4+5), **9** (5+4), **10** (5+5)	High

There are 5 Grade Groups. Grade Group 1 is the least aggressive. Grade Group 5 is the most aggressive.



The biopsy is used to determine your grade. Your grade is how aggressive your prostate cancer is.

Depending on your grade and some other factors (like your PSA), you will either be offered further tests or you will begin discussion of treatment options.

Learn more about further tests →
Go to **Page 15**

Learn more about starting treatment discussions →
Go to **Page 16**

Learn more about further tests



You may be offered a bone scan, a CT scan and/or a PSMA-PET scan.

Further information can be found below (clicking on these will open a new tab):

- Learn more about bone scans
- Learn more about CT scans
- Learn more about PSMA-PET scans

These scans will be used to determine your stage of prostate cancer. This is how far the prostate cancer has spread.

Based on the scan results your team will discuss treatment options with you.

Check out our treatment tool to learn more about your possible treatment options when you are ready.

Learn more about starting treatment discussions



Your treatment options will depend on a few factors.

Check out our treatment tool to learn more about your possible treatment options when you are ready.

Abnormalities shown by MRI

Further tests are recommended. You will be offered a biopsy.

Further information can be found below (clicking on this will open a new tab):

- Learn more about biopsies

What might my biopsy results show? →
Go to **Page 11**

Biopsy, Bone and/or CT scan

As you are not suitable for an MRI scan there are a few things that might happen next.

You may be offered a biopsy.

You may be offered a bone scan and/or a CT scan. These scans will be used to see how far the prostate cancer might have spread.

Learn more about if I'm offered a biopsy →
Go to **Page 19**

Learn more about if I'm offered a CT scan and a bone scan →
Go to **Page 20**

Learn more about if I'm offered just a bone scan →
Go to **Page 29**

Learn more about if I'm offered a biopsy

A prostate biopsy is done to check for prostate cancer.

A needle is inserted into your prostate to take out small samples (biopsies) of prostate tissue.

You won't get any results at the time of the procedure. All the samples are sent to the lab and will be looked at under a microscope. You should get results within 1-3 weeks.

Further information can be found below (clicking on this will open a new tab):

- Learn more about biopsies

What might my biopsy results show?

The biopsy shows no suspicion of prostate cancer →
Go to **Page 9**

The biopsy shows prostate cancer →
Go to **Page 13**

Learn more about if I'm offered a CT scan and a bone scan

You may be offered a bone scan and a CT scan.

Further information can be found below (clicking on these will open a new tab):

- Learn more about bone scans
- Learn more about CT scans

What are the possible outcomes of these scans?

There is no prostate cancer found outside the prostate gland →
Go to **Page 21**

There is prostate cancer found outside the prostate gland →
Go to **Page 27**

You may be offered a biopsy

You may be offered a biopsy at this point.

A prostate biopsy is done to check for prostate cancer.

A needle is inserted into your prostate to take out small samples (biopsies) of prostate tissue.

You won't get any results at the time of the procedure. All the samples are sent to the lab and will be looked at under a microscope. You should get results within 1-3 weeks.

Further information can be found below (clicking on this will open a new tab):

- Learn more about biopsies

What might my biopsy results show?

Biopsy shows no suspicion of prostate cancer →
Go to **Page 22**

Biopsy shows prostate cancer →
Go to **Page 23**

Biopsy shows no suspicion of prostate cancer

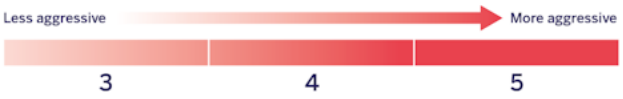


What happens next?

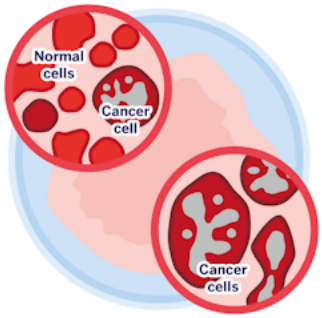
Your team will discuss continued monitoring of your PSA. This will probably be in the hospital but it may be with your GP.

Biopsy shows prostate cancer

Your biopsy is used to get a Gleason score.
Each sample from your biopsy is graded from 3 to 5.



Gleason Score	Risk
6 (3+3)	Low
7 (3+4)	Medium
7 (4+3)	Medium
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Prostate cancer cells can look very different across the whole sample. This means that different areas of your cancer may have different grades. Your Gleason score is made up of two grades. They are added together to give the final Gleason score. It ranges from 6 to 10.

Sometimes the Gleason score is also referred to as the Grade Group. This is how they match up.

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5	**9** (4+5), **9** (5+4), **10** (5+5)	High

There are 5 Grade Groups. Grade Group 1 is the least aggressive. Grade Group 5 is the most aggressive.



The biopsy is used to determine your grade. Your grade is how aggressive your prostate cancer is.

Depending on your grade and some other factors (like your PSA), you will either be offered further tests or you will begin discussion of treatment options.

Learn more about further tests →
Go to **Page 25**

Learn more about starting treatment discussions →
Go to **Page 26**

Learn more about further tests



You may be offered a PSMA-PET scan

> **Further information can be found below (clicking on this will open a new tab):**
>
> - Learn more about PSMA-PET scans

Based on the results of the scan your clinical team will discuss possible treatment options with you.

Check out our treatment tool to learn more about your possible treatment options when you are ready.

Learn more about starting treatment discussions



Your treatment options will depend on a few factors. Your healthcare team will discuss these with you.

Check out our treatment tool to learn more about your possible treatment options when you are ready.

There is prostate cancer found outside the prostate gland

As prostate cancer has been found outside the prostate cancer gland this means it the prostate cancer has begun to spread in your body. The extent to which it has spread outside the prostate gland may determine what happens next.

Find out what may happen next.

You may be offered a biopsy →
Go to **Page 21**

You will be started on treatment for prostate cancer →
Go to **Page 28**

You will be started on treatment for prostate cancer



You will be started on treatment for prostate cancer.

Check out our treatment tool to learn more about your possible treatment options when you are ready.

Learn more about if I'm offered just a bone scan



https://youtu.be/w4XRWLy8Z5Y

Watch this video from Cancer Research UK to find out what it is like to have a bone scan

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Further information can be found below (clicking on this will open a new tab):

- Learn more about bone scans

What are the possible outcomes of a bone scan?

There is prostate cancer found in your bones →
Go to **Page 30**

There is no prostate cancer found in your bones →
Go to **Page 31**

There is prostate cancer found in your bones



You will be offered treatment.

Check out our treatment tool to learn more about your possible treatment options when you are ready.

There is no prostate cancer found in your bones



No prostate cancer has been found in your bones. What happens next will depend on what your PSA results showed:

1) If your PSA was very high

You will be offered treatment for prostate cancer. Check out our treatment tool to learn more about your possible treatment options when you are ready.

2) If your PSA was not very high

You will be offered monitoring. That may be in the hospital initially or it may be with your GP. If it is with your GP they will monitor you with future PSA tests. They will discuss with you a threshold. If your PSA rises above this threshold you would be referred back to the hospital for more tests.

Symptoms

Your GP will want to discuss any symptoms with you.

Your symptoms, your fitness levels and any other illnesses may affect the testing and treatment you are offered.

Based on these factors your GP may offer you a PSA test. You may be offered a digital rectal examination (DRE) too.

Further information can be found below (clicking on these will open a new tab):

- Learn more about PSA
- Learn more about DRE

Let's find out what the results of these tests might be.

Your PSA is above normal for your age or your DRE is suspicious for prostate cancer. →
Go to **Page 6**

Your PSA is within a normal range for your age. Your DRE is not suspicious for prostate cancer. →
Go to **Page 33**

Not suspicious

You will likely have two options at this point.

Please note that the PSA test is not 100% accurate. 1 in 7 men with prostate cancer do not have a raised PSA. You can read this NHS guide to PSA testing (PDF will download or open in a new tab). Please monitor your symptoms.

Are symptoms bothering you?

> Yes, the symptoms are bothering me →
> Go to **Page 34**

> No, the symptoms aren't bothering me →
> Go to **Page 35**

Yes



You should discuss your symptoms with your GP. They will be able to offer you some treatment to help with your symptoms.

No



If your symptoms become bothersome in the future you should speak to your GP.

You may wish to consider future PSA tests, depending on your risk factors and age.

For more information about risk, we recommend visiting Prostate Cancer UK's risk checker (link will open in a new tab).

You can discuss this with your GP.

Referred to hospital

You will likely get an appointment with a hospital. This will be to discuss your symptoms and conduct further investigations. This appointment may be over the phone.

Further information can be found below (clicking on this will open a new tab):

- Learn more about cancer waiting timeframes

There are a variety of factors that will be taken into account to determine what happens next.

Learn what might happen next →
Go to **Page 7**



You have reached the end of this guide

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