NPCA
National Prostate Cancer Audit

Glossary for Patient Summary of the State of the Nation Report 2025

CPG Risk Group (Cambridge Prognostic Group):
The CPG risk group is a classification system used to stratify men with newly diagnosed non-metastatic prostate cancer based on the risk of disease progression or recurrence. Developed from UK data, the system categorises patients into five distinct groups (CPG 1 to CPG 5) using PSA level, Gleason score (grade group), and clinical T category. CPG 1 represents the lowest risk group.

Genitourinary or gastrointestinal complications
Patients who have treatment for prostate cancer can experience side effects after their surgery or radiotherapy. These can include changes when passing urine (genitourinary) or opening bowels (gastrointestinal).

Gleason Score
The Gleason score is a measure assigned by a pathologist to determine how aggressive an individual's prostate cancer is when the prostate cancer tissue is examined using a microscope. It is made up of two separate scores between 3 and 5 which are then added together to make a final score (Gleason sum) graded between 6 and ten. Along with PSA and TNM, the Gleason score can be used to predict how a prostate cancer might behave in the future. This process is used for risk stratification, i.e., to help to predict how a specific cancer might progress and/or respond to treatment.

Hypofractionated/ultra-hypofractionated/SBRT radiotherapy
Patients undergoing radiotherapy receive one treatment (known as a fraction) with each hospital visit.

- Hypofractionated radiotherapy is where the total dose of radiation is divided into larger doses (per treatment session) over a shorter period, which means that a patient has fewer fractions but each fraction is of a higher dose. In prostate cancer treatment, standard fractionated radiotherapy involves 37 treatment sessions over seven or eight weeks (i.e. 2Gy per fraction) compared with hypofractionated radiotherapy which involves 20 treatment sessions over four weeks (higher doses per fraction than in standard fractionated radiotherapy).
- Ultra-hypofractionated radiotherapy is where the doses of radiation per treatment session are larger than hypofractionated, so patients need less treatment sessions e.g. 6 treatment sessions over six weeks. This radiotherapy tends to be used for patients who are not suited to longer courses of treatment.
- Stereotactic radiotherapy (SBRT) is where the doses of radiation per treatment session are larger than ultra-hypofractionated, so patients need less treatment sessions e.g. 5 treatment sessions over one to two weeks.

High-risk/locally advanced disease
Where the cancer is starting to spread into surrounding tissues close to the prostate, regardless of Gleason score.

Low-risk, localised disease

When cancer is confined within the edges of the prostate, and does not have a high Gleason score, it is considered low/intermediate risk. High-risk clinically localised prostate cancer (e.g. T2 disease) is confined to the prostate but has a high Gleason sum score. This type of cancer has a higher risk of progressing and it is usually treated radically.

Newly diagnosed hormone-sensitive metastatic prostate cancer
When prostate cancer has spread (metastasised) beyond the prostate gland at the time of initial diagnosis, and still responds to treatments that lower testosterone levels (hormone therapy). “Hormone-sensitive” means the cancer is not yet resistant to androgen deprivation therapy (ADT), which is typically the first-line treatment. New diagnoses of prostate cancer are typically hormone-sensitive to begin with.

Metastatic Disease
When cancer has spread from its initial site of development in the prostate (the primary site) to distant sites of the body (the metastatic site[s]). These sites are in the bones and lymph nodes in the first instance.

Radical Prostatectomy
The surgical removal of all the prostate gland and the associated seminal vesicles. Seminal vesicles are structures closely associated with the prostate. Their function is to produce and store fluid which is a component of semen. The fluid helps the sperm to stay alive and feed them.

Radical treatment
Potentially curative treatment aimed at curing prostate cancer (removing cancer tissue or killing all cancer cells in their primary location). These treatments include radical prostatectomy and radiotherapy.

Radiotherapy
The use of radiation to destroy cancer cells. There are different types of radiotherapy, including external beam radiotherapy (radiotherapy delivered from a radiation source outside the body) and brachytherapy (radiotherapy delivered directly by implanting a radiation source within the tumour itself).

Staging/category
The anatomical extent of a cancer. This indicates whether a cancer is only present in the prostate/primary site (localised disease) or whether it has spread to other areas of the body (metastatic spread). It is usually denoted by the TNM staging process where “T” represents the local stage/category, “N” the presence of lymph node involvement and “M” represents the presence of metastatic disease.

- T1 means the cancer is too small to be seen on a scan
- T2 means the cancer is completely inside the prostate gland
- T3 means the cancer has broken into or through the capsule (covering) of the prostate gland
- T4 means the cancer has spread into other body organs nearby, such as the back passage, bladder, or the pelvic wall
- N0 means that the nearby lymph nodes do not contain cancer cells
- N1 means there are cancer cells in lymph nodes near the prostate

- M0 means the cancer has not spread to other parts of the body
- M1 means the cancer has spread to other parts of the body outside the pelvis

Systemic Therapy
Systemic therapy is anti-cancer drug therapy. This can include chemotherapy (i.e. docetaxel) or other novel hormonal therapies (i.e. enzalutamide, abiraterone or apalutamide) for prostate cancer.