

MIND THE GAP - NAVIGATING YOUR PROSTATE CANCER TREATMENT PATHWAY

Supporting prostate cancer patients and their families to confidently navigate the treatment pathway from the moment of diagnosis.

By addressing the critical knowledge gap experienced at this pivotal time, this paper aims to simplify complex treatment pathways, highlight the latest advancements in prostate cancer care, and raise awareness of emerging evidence supporting the safety and feasibility of repeat radiotherapy (reirradiation).

Authored by GenesisCare UK

Foreword by BBC Radio 4 comedian and writer Jon Holmes, host of 'The C Word' podcast

Foreword

For many men (myself included) the prostate knowledge gap is a yawning one. And not just because most men find that talking about their own health yawn-inducingly dull. Not to mention embarrassing. Traditionally, we're happier discussing sport or films in the pub, rather than anything to do with how many times we have to get up in the night to go for a wee. In fact, before I was diagnosed with prostate cancer in early 2023, I hadn't got the slightest idea what a prostate was or did and was only dimly aware that I even had one – although I certainly didn't know where it was. It's fair to say, however, that once one is on the cancer treadmill, it's a pretty steep learning curve. Except - there are still gaps, as this paper proves.

Following surgery, I'm now cancer free. But until I read this paper, I didn't know that even post-treatment, men who've had the disease at a high grade have a significant risk of the cancer recurring – and I was also unaware of the treatment options that are open to them if it does.

The message here, to men and their families is: if you are diagnosed with prostate cancer ask questions. Your health isn't dull – it's important. That's what this paper is the result of: questions and research. I hope it helps to fill some of the gaps.



The Prostate cancer knowledge gap

Despite prostate cancer being the most commonly diagnosed cancer in the UK with over 63,000 new cases every year, a new study by GenesisCare, the UK's largest independent, specialist cancer care provider, reveals an alarming knowledge gap when it comes to patient treatment pathway options.

New research shows nearly half (47%^[1]) of men don't feel fully informed about their treatment options when they receive a prostate cancer diagnosis, and when choosing their treatment options. Reasons for their knowledge gap include feeling overwhelmed (45%), scared (36%), embarrassed to ask questions (26%) or being confused due to lack of clear guidance (36%)^[2]. Startlingly, nearly two thirds of men 60%^[3] admit they felt better informed when purchasing their last car than when selecting their prostate cancer treatment.

Despite feeling blindsided by information overload, worryingly over a third (34%)^[4] of prostate cancer patients are never told about all the treatment options available, including the latest innovation in advanced radiotherapy treatment, which could potentially deliver a better quality of life versus traditional radiotherapy methods.

Perhaps this is due to a limited availability of those advanced treatments on the NHS, but when looking at the appetite of prostate cancer patients to explore the full array of treatment options – even if they require self-funding – most men surveyed want – and expect, to be told about the latest innovations (73%) and almost two thirds would consider paying for them (59%)^[5]. This reinforces recent new figures which showcase private healthcare usage in the UK is rising rapidly^[6].

The study was commissioned by GenesisCare UK in a bid to both identify and address prostate cancer patients' knowledge gap during their diagnosis and empower them to ask about treatment options which can offer a better quality of life both during and beyond the treatment process.

"Patients should be fully informed of the appropriate treatment options available at the time of diagnosis, together with the potential management pathways should primary treatment not achieve long-term control. They should have access to both an oncologist and surgeon if appropriate, to discuss the range of options, likelihood of cancer control and the possible side effects of each approach. This informed and shared decision making is achieved through multidisciplinary team working, ensuring the best outcomes for patients, while taking into account the clinical evidence, the patient's concerns, their priorities and quality of life goals."

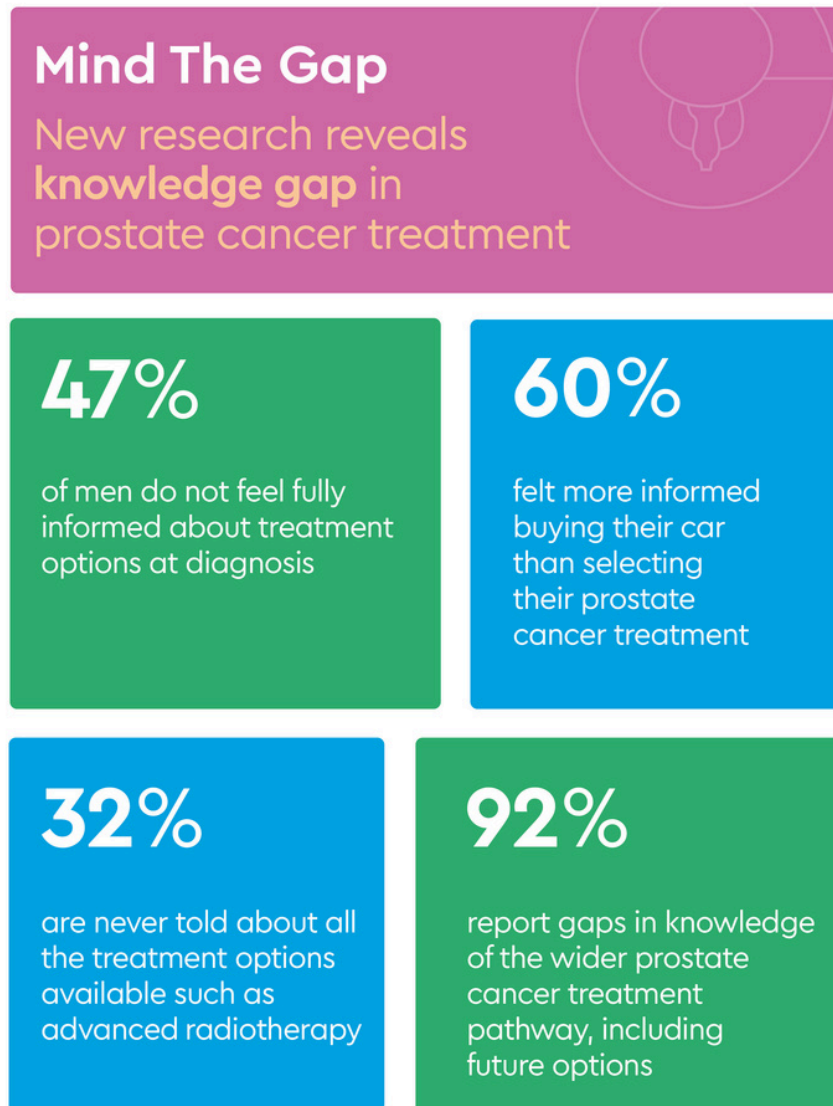
**Dr Yae-eun Suh FRCR PhD, Consultant Clinical Oncologist
at GenesisCare UK**



[1] Research conducted by Censuwide among a sample of 500 men aged 45+ diagnosed with prostate cancer in the last 6 years. Data collected between 27.03.2026 - 08.04.2026
[2] Research conducted by Censuwide among a sample of 500 men aged 45+ diagnosed with prostate cancer in the last 6 years. Data collected between 27.03.2026 - 08.04.2026
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[5] Research conducted by Censuwide among a sample of 500 men aged 18+ diagnosed with prostate cancer in the last 15 years. Data collected between 09.02.2026 - 12.02.2026
[6] Record rise in people using private healthcare amid NHS frustration | Private healthcare | The Guardian
[7] Research conducted by Censuwide among a sample of 500 men aged 45+ diagnosed with prostate cancer in the last 6 years. Data collected between 27.03.2026 - 08.04.2026

92% of men admit they had gaps in their knowledge about their treatment pathway at the time of diagnosis[1].

To help prostate cancer patients fully understand their treatment options at the time of diagnosis GenesisCare has created a 'Mind the Gap' treatment pathway guide. This infographic outlines all prostate cancer treatment options available following a diagnosis - and how your choice affects your options if the cancer returns.



For more information visit: genesiscare.com/uk/mind-the-gap

Research conducted by Censurwide among a sample of 500 men aged 45+ diagnosed with prostate cancer in the last 6 years. Data collected between 27.03.2026 - 08.04.2026



[1] Research conducted by Censurwide among a sample of 500 men aged 45+ diagnosed with prostate cancer in the last 6 years. Data collected between 27.03.2026 - 08.04.2026

Prostate Cancer Recurrence

Know the facts

Between

20 – 50%¹

of prostate cancer survivors experience a relapse within ten years of initial treatment

Only

44%²

are aware repeat radiotherapy (reirradiation) is a treatment option if their prostate cancer returns to the prostate only

Data shows

72%⁴

of patients who underwent repeat radiotherapy (reirradiation), did not experience a rise in PSA levels within two years, suggesting no cancer recurrence

And

64%³

say knowing this would have affected their choice of treatment

For more information visit: genesiscare.com/uk/mind-the-gap



1. (<https://www.nature.com/articles/s41391-023-00712-z>)
2. Research conducted by Censuwide among a sample of 500 men aged 18+ diagnosed with prostate cancer in the last 15 years. Data collected between 09.02.2026 - 12.02.2026
3. Research conducted by Censuwide among a sample of 500 men aged 45+ diagnosed with prostate cancer in the last 6 years. Data collected between 27.03.2026 - 08.04.2026
4. Re-irradiation to the prostate using stereotactic body radiotherapy (SBRT) after initial definitive radiotherapy - A systematic review and meta-analysis of recent trials - PubMed

Closing the knowledge gap by empowering informed decisions

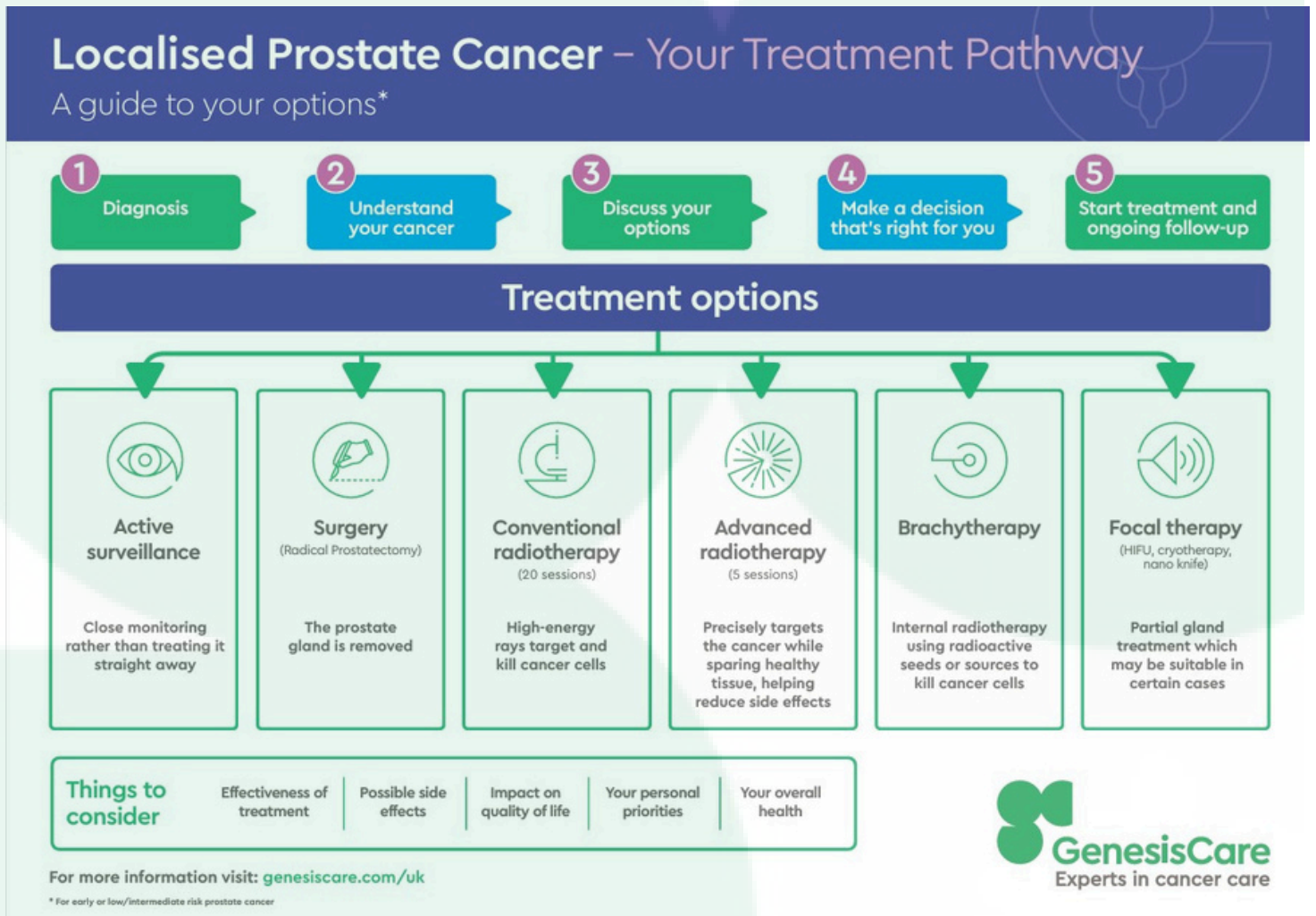
GenesisCare is launching two new digital tools to help prostate cancer patients feel less overwhelmed at the time of their diagnosis, to inform them about the latest advancements in treatment, and to help them navigate their on-going treatment pathway should their prostate cancer return.

The Big C QuizCast - with Jon Holmes.

Award winning writer and BBC Radio 4 comedian Jon Holmes - creator of Jon Holmes Says the C-Word - and prostate cancer survivor, has teamed up with GenesisCare to host a brand-new quiz style podcast to support prostate cancer patients.

The one-off episode – called ‘The Big C QuizCast’ with Jon Holmes’ – blends the latest research with Jon’s unique humour and personal experience to prompt important conversations around treatments and the frequency of recurrence. His guests include UK leading prostate cancer experts and the experiences of men affected by prostate cancer, including those who have experienced recurrence and can be accessed from www.genescare.com/uk/mind-the-gap.

Mind the Gap Infographic – this treatment pathway diagram is available for free on the GenesisCare website to support patients and families navigate their prostate cancer journey



“I can totally relate to the new GenesisCare research which reveals men feel overwhelmed at the time of a diagnosis. I was too - you’re presented with a mountain of leaflets, and you just want someone to explain it in layman’s terms instead of all that medical jargon. What you need when facing a cancer diagnosis - is a tool to simplify the decision process - which is why this infographic is so useful - I wish it had existed when I needed it.”

Jon Holmes, BBC Radio 4 comedian and writer

Advancements in technology

This paper also champions the latest cancer radiotherapy treatment, specifically the ground-breaking technology of the MR Linac. The MR Linac delivers MRI-guided stereotactic ablative radiotherapy (SABR), an advanced type of radiotherapy that uses live MRI imaging to precisely target tumours with high-dose radiation, helping to protect surrounding healthy tissue, leading to fewer side effects than conventional forms of radiotherapy.

The MR Linac is an innovative radiotherapy machine with an integrated MRI scanner, which allows clinicians to see the tumour as they treat. This real-time MRI-guidance provides pinpoint treatment accuracy. Because the system only activates when the radiation beam and the tumour are perfectly positioned it automatically pauses if the tumour moves by a fraction, such as when the patient breathes. This helps protect healthy tissue from unnecessary radiation exposure, leading to fewer side effects. This also allows higher doses of radiotherapy to be delivered safely and effectively, meaning treatment can often be completed in a much shorter timeframe – sometimes in as few as five sessions, compared with the usual 20 sessions over many weeks.

For men with early-stage prostate cancer, outcomes with modern radiotherapy are increasingly encouraging. Clinical trial data suggests that cancer control rates are high, with around 96% of patients maintaining stable prostate-specific antigen (PSA) levels five years after stereotactic radiotherapy[1].

GenesisCare has made a commitment to offering the latest technology in cancer treatment and has invested in more MR Linac radiotherapy machines than any other provider globally, making it accessible for patients across the UK. Our expert team have extensive experience using this innovative technology and have successfully treated more individuals in the UK using MR Linac technology than any other provider. We strive to deliver the most advanced, innovative treatments for our patients to achieve the best cancer outcomes without compromising quality of life.

One of the major advantages of MRI-guided (SABR) is the fewer treatment sessions – it's so much more convenient for patients, it's well tolerated and you can carry on with your normal life. Men can work and exercise through this treatment whereas with surgery you have six weeks of recovery.

As the UK's leading experts in stereotactic radiotherapy, GenesisCare UK is proud to offer patients MRI-guided SABR delivered on the MR Linac at their centres in Oxford, London and Surrey.



[1] <https://www.nejm.org/doi/10.1056/NEJMoa2403365>

GenesisCare UK's new – and 15th – specialist outpatient cancer centre, opening in Leeds in December 2026, will incorporate its fourth MR Linac, further strengthening its national leadership in MRI-guided radiotherapy.

The Leeds centre will also have the unique ability to personalise radiotherapy in real-time, using both MRI and CT imaging, offering patients treatment precisely tailored to their specific cancer.

This will establish GenesisCare UK as one of a small group of cancer centres worldwide with the ability to provide adaptive radiotherapy for every patient who would benefit from this innovative approach.

Repeat radiotherapy (reirradiation)

Sadly between 20- 50% of prostate cancer survivors experience a relapse within ten years of their first treatment[1], but as many as one in ten patients are not aware that it can return (10%)[2].

Advances in technology mean it is now safe to carry out repeat radiotherapy (reirradiation), however recent data suggests only 44%[3] of patients are aware that reirradiation is a possible treatment option. And for 64% of patients, having this knowledge would have affected their initial choice of treatment[4].

“Patients tell me that they have read or been informed that they are unable to have a second course of radiotherapy to the prostate if their cancer recurs in the prostate which is one of the reasons why they choose surgery upfront, whereas radiotherapy after surgery is a standard salvage option. A growing body of evidence supports that, in selected cases, it is safe to deliver radiotherapy again.”

Dr Yae-eun Suh FRCR PhD, Consultant Clinical Oncologist at GenesisCare UK

A growing pool of research demonstrates it is both safe and effective to deliver radiotherapy for a second time to the prostate in selected cases, in just five sessions. It showcases the latest published research in prostate reirradiation, such as a recent meta-analysis demonstrating that 72% of patients did not experience rising PSA levels within two years, suggesting no cancer recurrence[5].

This meta-analysis supports the safety of reirradiation in selected cases, with up to 25% of patients reporting late moderate or severe urinary side effects, and up to 5% experiencing moderate to severe bowel related side effects such as rectal discomfort, diarrhoea and bleeding[6].

Alarmingly, over a third (35%) of prostate cancer patients who have experienced hormone therapy would consider declining further treatment altogether if it meant facing this treatment option again[7].

Among men receiving hormone therapy for prostate cancer, side effects are common and often overlap, meaning several can happen at the same time. These can include hot flushes, feeling extremely tired, changes to sex drive and erections, weight gain, and loss of muscle strength[8]. Some men may also notice problems with memory or concentration, mood changes such as feeling low or more emotional, and physical changes like breast tenderness, loss of body hair, or thinning bones.

[1] <https://www.nature.com/articles/s41391-023-00712-z>

[2] Research conducted by Censuwide among a sample of 500 men aged 18+ diagnosed with prostate cancer in the last 15 years. Data collected between 09.02.2026 - 12.02.2026

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[5] Re-irradiation to the prostate using stereotactic body radiotherapy (SBRT) after initial definitive radiotherapy - A systematic review and meta-analysis of recent trials - PubMed

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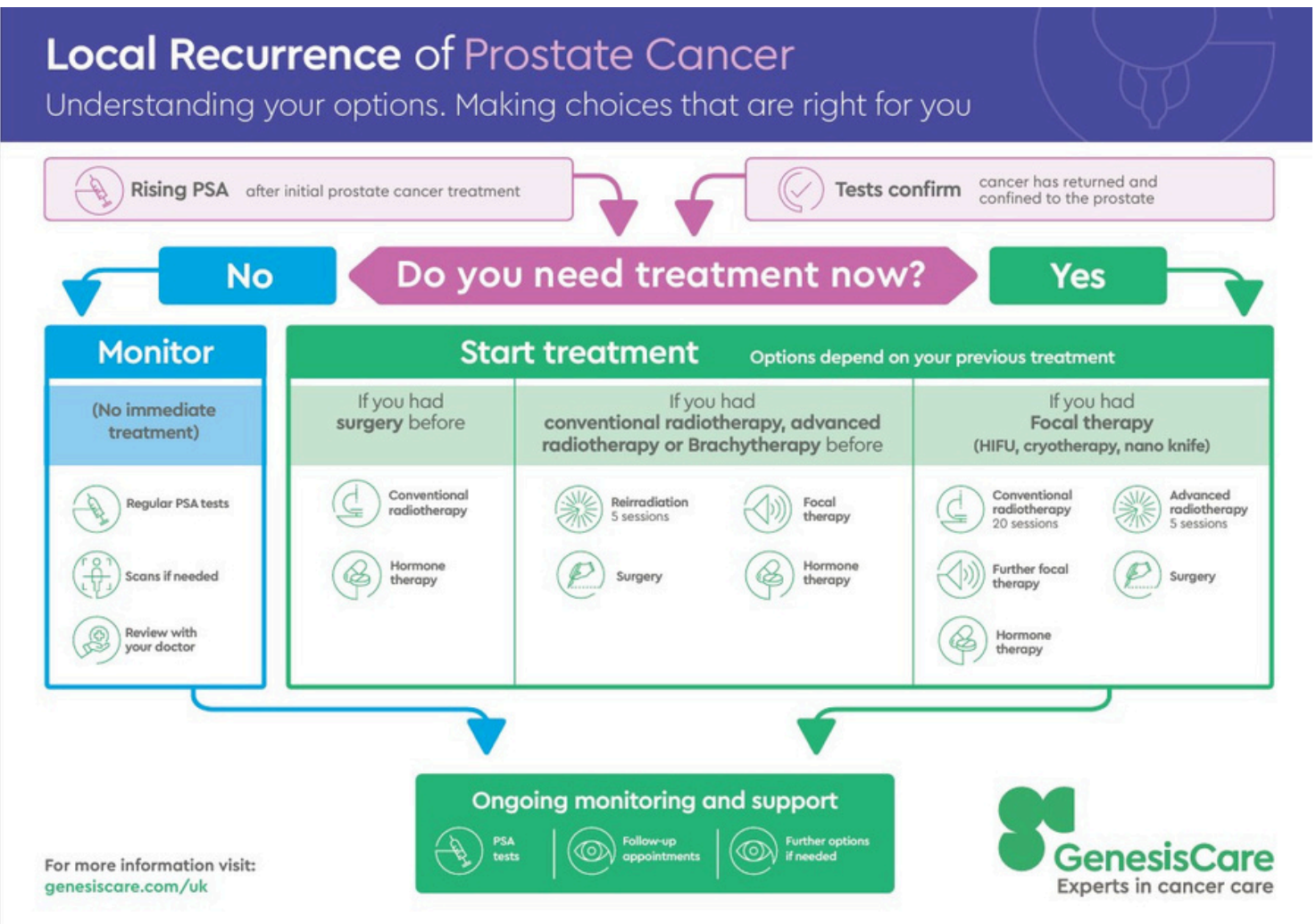
[7] Research conducted by Censuwide among a sample of 500 men aged 18+ diagnosed with prostate cancer in the last 15 years. Data collected between 09.02.2026 - 12.02.2026

[8] <https://prostatecanceruk.org/prostate-information-and-support/treatments/hormone-therapy>

Hormone therapy can also slightly increase the risk of other health problems, such as heart disease or diabetes. Studies show that up to 90% of men experience anaemia, up to 80% report hot flushes and sexual problems, and around 45% experience fatigue.[1] [2]

As the UK's leading experts in stereotactic radiotherapy (SABR), GenesisCare UK is proud to have been the first UK healthcare provider to offer reirradiation for locally recurrent prostate cancer using MRI-guided SABR delivered on the MR Linac at their centres in Oxford, London and Surrey.

The level of accuracy provided by the MR Linac is particularly valuable when treating previously irradiated areas, where minimising additional side effects is especially important.



[1] [PROM-52788: androgen-deprivation-therapy-for-prostate-cancer-long-term-](#)
 [2] [Incidence of the adverse effects of androgen deprivation therapy for prostate cancer: a systematic literature review | Supportive Care in Cancer | Springer Nature Link](#)

Patient testimonials



Neil Connolly, aged 57 from York

Neil was just 55 when he received his prostate cancer diagnosis. Whilst the thought of surgery initially appealed to him, saying “I just wanted to get all the cancer out of my body as soon as possible”, the risk of loss of sexual function was concerning. He was also told that even with surgery, there was still a chance of recurrence later. But all the radiotherapy options felt quite overwhelming.

***“My clinician explained the different radiotherapy options available at the time, all of which were either quite invasive or would have required up to six weeks of treatment. He also outlined the potential risks to my bowel and bladder and explained these treatments could make it more difficult to remove my prostate surgically at a later date, if that became necessary. When you’re first hit with a cancer diagnosis, it’s incredibly hard to know what the best option is. I genuinely had no idea what to choose.*”**

***When I heard about the MR Linac at GenesisCare, it immediately appealed – it’s more accurate, and more targeted. It honestly felt like a no-brainer. And I was delighted that I would not need to have hormone therapy, as from what I’d heard that can sometimes be worse than the radiotherapy itself. If I hadn’t had private medical insurance for treatment on the MR Linac, I would have paid for it myself.*”**

***I really do believe that if you’re diagnosed, it’s important to know about all the available treatment options – even if you have to travel to access them – because at least then you can make a fully informed decision. For anyone going through this I’d say if it’s suitable for you, treatment on the MR Linac offers a less invasive and painless alternative to surgery. It’s also quicker, more convenient, has fewer side effects, and eliminates the need for a hospital stay. I also now understand that if my cancer returns this means I would be able to have radiotherapy for a second time”.*”**



Kevin Arkell, aged 81 from Nottingham

Kevin was treated with radiotherapy and hormone therapy for his primary prostate cancer in 2018 then experienced a prostate cancer recurrence in 2021. He says “When my prostate cancer came back, I was extremely reluctant to go down the hormone therapy route because I knew from previous experience how difficult it is to manage the side effects and what a negative impact the testosterone levels would have on many aspects of my life. It was such a relief when I found out about repeat radiotherapy using the MR Linac at GenesisCare. The advantage of this treatment option was I wouldn’t require hormone therapy and meant treatment would be totally non-invasive and completed in just five treatment sessions.

“Since my repeat radiotherapy (reirradiation) almost four years ago, I’ve been very well. I feel physically good and I have an annual PSA blood test with my consultant. His care has been exceptional. I think more people need to know that reirradiation is an option and that in my experience, it offers a better quality of life during and after treatment.”

Conclusion

Prostate cancer remains one of the most common cancers affecting men in the UK, yet this paper highlights a persistent and concerning knowledge gap for patients about their treatment options at the time of diagnosis. Too many men are navigating complex treatment decisions while feeling overwhelmed, under-informed, or unaware of the full range of options available to them—both at the point of diagnosis and in the event of recurrence.

Closing this knowledge gap is not simply about providing more information; it is about delivering the right information, at the right time, in a way that empowers patients and their families to make confident, informed decisions. As this paper demonstrates, when patients are equipped with a clear understanding of their treatment pathway—including emerging technologies such as MRI-guided radiotherapy and the evolving role of reirradiation—they are better positioned to prioritise outcomes that matter most to them, including quality of life, convenience, and long-term cancer control.

Advancements in radiotherapy, particularly the precision and adaptability offered by MR Linac technology, are redefining what is possible in prostate cancer care. At the same time, growing clinical evidence supporting the safety and effectiveness of repeat radiotherapy is challenging long-held assumptions and expanding the options available to patients’ facing recurrence. Yet awareness of these innovations remains limited, reinforcing the urgent need for improved communication and education across the treatment pathway.

Initiatives such as GenesisCare UK’s “Mind the Gap” campaign, including accessible tools like the treatment pathway infographic and The Big C QuizCast, represent an important step forward in bridging this divide. By encouraging open conversations, supporting shared decision-making, and ensuring patients understand both current and future treatment possibilities, these efforts can help transform the patient experience.

Ultimately, everyone diagnosed with prostate cancer deserves to feel informed, supported, and in control of their treatment journey. By addressing the knowledge gap and embracing innovation, the healthcare community can move closer to delivering truly patient-centred care—where no question goes unasked, no option goes unexplored, and no patient feels left in the dark about their future.

For more information on how to navigate your prostate cancer treatment pathway, visit <https://www.genescare.com/uk/mind-the-gap>