

It was two years since I'd had a proper checkup with my GP in London. A few months before the pandemic struck I'd moved to Cumbria, registered with the local surgery, and between lockdowns popped in, masked up, to have the regular blood tests a man in his fifties has. A few days later I got a call to say all was fine: the statins I took were doing their trick and everything else was normal. But a few weeks later, in May, heading to London for a work trip, I decided to book another medical with the private GP I was still registered with in Notting Hill. There was no particular reason; nothing felt wrong. But something in my head said it would be a good idea. After all, until I'd moved to the Lake District, Dr Haughton had been my doctor for 20 years. He knew the in and outs, the strengths and weaknesses of my health and body over the years and - although not inexpensive - his checkups seemed more thorough than the one I'd just had in Windermere.

"Why are you spending a few hundred quid for a private checkup when you've just had one up here?" asked my husband. He had a point. But, as it turned out, so did I. Shortly after my second one, Haughton called to say my PSA levels had risen more than they should have and he'd like me to come back in a couple of weeks to test them again. There's probably nothing to worry about, he assured me, but it's best to be sure. To get a more precise reading, he asked me not to exercise rigorously or ejaculate for 48 hours before the blood test. After ten years of marriage I assured him that the latter wouldn't be a problem.

Of course, I had no idea what a PSA was. And it turns out that neither do many men I've spoken to since. The [PSA test](#) is a blood test that measures the amount of prostate-specific antigen in your blood. Prostate-specific antigen is a protein produced by both normal and cancerous prostate cells. It's normal for all men to have some PSA in their blood, but if your PSA levels are raised, it can be a sign of prostate cancer. But it can also just be an indication of your prostate size (the levels tend to increase as you get older, as the prostate grows) or it could be a sign that you have a urine infection.

To complicate things, there is no one PSA reading that is considered normal. And it's for this reason that there isn't a national screening programme for prostate cancer in the UK. The NHS argues that false-positive PSA results often lead to redundant and expensive further tests, such as biopsies. They can also cause men to worry unnecessarily about their health. After what I've been through, I'd argue that it is necessary to worry about your health. In the UK, one in eight men will be diagnosed with prostate cancer in their lifetime. And 12,000 men in the UK die from it each year (that's one man every 45 minutes).

My second PSA test results also came back high. For a man of my age, the reading shouldn't be higher than 3ng/ml. Mine was 4.3. "I think you need to have an MRI scan," said Haughton. "Let's just be sure there's nothing there to worry about." This meant another wait for a week or two, and yet another few hundred quid. I was more worried about the cost than the results. There was no cancer in my family, I ate healthily, exercised regularly and was slim. This was just one of those annoying blips you have to go through when you reach middle age, to be on the safe side.

But a few days after lying in a giant scanning machine that was able to produce detailed images of my prostate, I got another call. The radiologist's results from the scan revealed signs of what appeared to be significant tumours. I was boarding a plane to Cork for a friend's wedding when the call came through, so couldn't google what on earth this might mean until I reached the hotel. I had to spend the flight chatting to friends as if nothing had happened. Telling everyone I'd just discovered I might have cancer - but then again, might not - seemed a bit of a Debbie Downer en route to a weekend of celebrations.

- [Half of men miss target time for urgent prostate cancer treatment](#)

It was the "maybe" having cancer that was worse than the actual news that I did have it. It was the journey there, rather than the big reveal, that I found torturous. The dithering, not the diagnosis, was the killer, so to speak. When you only "maybe" have cancer, you can't do much about it. You can't book time off work, cancel travel plans, decide on a course of treatment, even elicit much sympathy. You can't even feel sorry for yourself. You might have nothing to feel sorry about. All you have to do is nod cheerily every time someone tells you it will be fine, that it will probably turn out to be nothing at all, that loads of people who have prostate cancer often die of old age without even knowing they've had it.

And yet, despite having no symptoms, despite never having had a serious health problem, hospital stay or broken limb in 56 years, despite being one of those men who never even has to get up in the middle of the night for a pee, I knew that something serious was up. You can tell by the casually concerned voice of your GP when he calls to say he wants to do more tests. You can tell when you ask the surgeon who performed your biopsy how long before you get the results and he doesn't look you in the eye, when the nurse holds your hand and says it's so unfair when you're so young (no one had said that to me for a while), when the appointments in an increasingly beleaguered NHS are surprisingly quick, that something is wrong.

And so, without much of a rehearsal, I suddenly entered a whole new world of waiting rooms, neon-lit corridors, prodding, poking, pills and operating tables; months and months of visiting specialists who dealt in parts of the body I didn't know existed. And while they visited parts of my body, I visited parts of the country I'd never seen. The next few weeks were like a Grand Tour of northwest hospitals. Now that I needed to see urologists and undergo biopsies I was back with the NHS - I couldn't afford to continue this journey privately and also wanted to be near home. One week I was seeing a urology consultant at a hospital in Kendal, the next having a biopsy in a hospital in Barrow, and shortly afterwards getting the results from a consultant at a hospital in Lancaster.

It was the [prostate biopsy](#) - to clarify whether the suspected tumours were cancerous or not - that I dreaded more than anything else I'd ever undergone before. I had done too much online research and thus realised how truly unpleasant it was going to be. The thought of sitting semi-naked in a semi-reclined chair, with my legs up in stirrups, while needles were inserted through my perineum (the sensitive area of skin between your balls and your bum) to administer a local anaesthetic, followed by a spring-loaded tool that would puncture the prostate gland itself a dozen or so times (making a loud staple-gun sound as it did so) in order to remove tissue samples, was beyond the pale. To add insult to injury, simultaneously an ultrasound probe would be inserted up my bum to help the doctors guide the needles. Even though so many people go through so much worse every day, I had sleepless nights for the ten days leading up to the procedure. On the allotted morning, I turned up 20 minutes early, desperate for it to be over. An embarrassed nurse peered over the counter: "I'm so sorry. The machine just broke. We'll have to postpone the biopsy. We've found you a slot" - an unfortunate turn of phrase in the circumstances - "in a week's time at a different hospital."

It's the waiting that gets to you. Friends of mine who have had cancer agree. Waiting for results no longer means watching *Strictly on Sundays* or checking numbers on the EuroMillions; it means waiting to know whether you might live or die. The morning of the rescheduled biopsy, I woke up with agonising toothache. I had clearly been clenching my teeth for weeks on end. I rang my dentist's surgery at 8.30am and begged for an emergency appointment. Kindly, they told me to come straight in. I had cracked a perfect tooth, it was untreatable and they would need to remove it straight away. But I'm having a local anaesthetic at lunchtime, I told them. I can't have two in one day, can I? I could and did. With my mouth and eyes wide open, I watched as the dentist sweated and struggled to remove the tooth. I could taste the blood. As soon as this was over, I would get in the car, blood around my mouth, and drive to the hospital, to receive another local anaesthetic, and have my prostate punctured. Good times.

The nurses were so kind. And honest. This is going to hurt, one of them told me, so I'm going to hold your hand and try to distract you with annoying chatter. And she did. I listened to her babble on as the gun shot loudly into my prostate a dozen times. Through my legs I studied the faces of the two poor doctors whose view I didn't envy. You become good at reading people's faces in this process and I caught the slight glance they gave one another when the lubricated probe gave them both a glimpse of what exactly was going on down there.

It was only at this point that I actually wondered what the f\*\*\* a prostate was for in the first place. The walnut-sized gland that lives at the base of the bladder inside the pelvis isn't often the centre of conversation. Most friends I asked didn't seem to know much about it either. My mum even asked if she had one. Considering the urethra carries urine from the bladder through the centre of the prostate and then the penis, and that its main job is to make semen, the fluid that carries the sperm, I told my mother I sincerely hoped she didn't. I inanely wondered if it was technically classified as penis or bottom cancer and, if it had to be one of those, which would I prefer? Penis cancer might get more sympathy, cancer of the bottom more sniggers - my friends are quite childish. It's actually a pelvic cancer. I was ashamed of myself for finding that a relief.

I was quite calm as I waited to see the consultant ten days later at the Royal Lancaster Infirmary for the results of the biopsy. It was pretty obvious I had cancer; I just needed to find out how bad it was. My friends were all convinced I'd be told it was early stages and just be advised to keep an eye on it over the next few months to see whether it was growing quickly or not. This is called active surveillance. Many prostate cancers are slow-growing and so if there's no symptoms or problems, the idea is to delay treatment until/if it becomes necessary. Many of the side-effects of treating prostate cancer can be long-term and dramatically affect the quality of your life. When my name was called, I jumped up quickly and practically ran to the consultation room; I absentmindedly left my husband Simon behind, who had gone to get a snack. He soon caught me up, red-faced, carrying an unwrapped ham sandwich.

The consultant urologist was just as you'd hope: studious-looking, bespectacled, polite and matter-of-fact. He was also straight to the point. It was an aggressive tumour, radiologically a stage T3a disease - ie had broken through the covering of the prostate - and rated a 5+4=9 on the Gleason grading score. There was a high risk that it had advanced elsewhere. The Gleason score is not a Northern Premier League football team but the method used to calculate the grade and aggressiveness of a prostate cancer. It ranges from six to ten. I was nine. A top scorer (a first for me since my 11-plus). Dr Jalil said he was going to request an urgent bone scan.

Simon went pale. I just sat there. Having spent the last two weeks googling, it was what I had expected, if perhaps a little more severe. If the bone scan was clear, Jalil explained, we would be able to look at radical options: radiotherapy, hormonal therapy, radical surgery and brachytherapy.

“And if it is in the bones?” Simon asked.

“Then the likelihood is that it can’t be cured, but can hopefully be treated,” the urologist explained. “There are certainly things we can do to make metastatic bone cancer more comfortable for you. But bone metastasis can be painful and can cause other problems, such as fractures, spinal cord compression or high blood calcium levels. If your bones start to deteriorate, there are things we can do: we can insert a metal pole into your spine to help strengthen it, for example.” Although Jalil didn’t mention it in our meeting, I recalled having read that the life expectancy for men with the advanced disease was likely five to six years.

Everyone tells you that your mind goes a bit blurry and your recall hazy when you receive a diagnosis like this. And they’re right. Even though I asked the consultant to write it down for me, and Simon was there too, it was hard to take everything in. Fortunately, the hospital team are fully aware of this and so as soon as you leave the consultant’s room you are taken straight to see a urology key worker, who will take you through the diagnosis again, talk about the next steps and treatment options, and even give you a mobile number to call if you need to ask anything. This was a godsend. My mind was still floating, as if outside my body - this body that suddenly seemed to have decided to attack me for no reason - when I refocused and heard Lorraine asking me whether I wanted her to order me a free penis pump. A penis pump?

“Many of the treatment options can lead to a smaller penis or erectile dysfunction,” she explained. “The sooner you start tackling this potential outcome, the better.” Where would the penis pump be sent to, I asked. “Your local pharmacy,” she said. But it’s a family-run chemist in a small village. I can’t go in there and ask if my penis pump has arrived yet, I said, horrified. Lorraine smiled.

I don’t want treatment if it’s going to shrink my penis, I added. “Well, sometimes,” she replied, patiently, “you have to choose between a longer life or a longer penis.” I’ll have to get back to you on that one, I told her.

Having a serious illness, it turns out, is a full-time job: the admin, info sheets, care pamphlets, hospital appointment forms, test results, books that tell you what to eat to beat cancer, ordering industrial quantities of broccoli, and answering the dozens of inquiring calls, WhatsApp messages and texts you receive from kind and concerned friends each day. The latter, rather ungrateful-sounding I know, can be a little overwhelming. You get asked so many questions that you don't know the answers to yet. You get bored of replying to the same questions, of only ever discussing cancer, of always talking about your health. I was even kindly sent a small plastic card by the Macmillan charity to keep in my wallet that I was to show staff in bars, petrol stations and restaurants. It says on it, "Due to my cancer treatment I need urgent access to a toilet. Please can you help?" In the old days, it used to be cards for complimentary memberships to fashionable clubs that arrived in the post. Now I had free admission to other people's toilets. Welcome to Club Cancer.

With some cancers, such as prostate, you can occasionally choose between treatment options. The problem is that the menu you're choosing from isn't remotely appetising. Once I'd discovered, thankfully, that the cancer hadn't reached my bones, I was advised that there were two obvious next steps. One was a radical prostatectomy. This major surgery involves the removal of the prostate gland, seminal vesicles, blood vessels, nerves, surrounding tissue and potentially a number of lymph nodes too. The upside is that if it works, the cancer is gone. The downside is that side-effects can include temporary or permanent incontinence as well as erectile dysfunction; plus, without a prostate, I would never be able to ejaculate again.

The second option, I was told, was a combination of hormone therapy for two years and radiotherapy to the prostate and pelvic nodes for seven and a half weeks. The upside is that this usually works and you don't undergo major surgery and lose your prostate. The downside is that the radiation can cause secondary cancers, urinary issues, problems with bowel function and fatigue; while the hormone replacement therapy can lead to erectile dysfunction, gynecomastia (the growth of breast tissue), depression, heart disease, weight gain, loss of muscle mass and osteoporosis. Wow. Spoilt for choice. Which to choose?

Although I was unlucky enough to get prostate cancer - it was just bad luck, I think, since, basically, some of my own cells had inadvertently decided to attack the ones around them (their cellmates?) for no other reason than pure malice - there were fortunate moments too. One was that the cousin of a close friend happened to be one of the UK's leading prostate specialists, Ben Challacombe.

We spoke on the phone. He suggested he first conduct a PSMA PET scan (for which your body is injected with radioactive gallium to light up the areas of cancer) to double-check whether the cancer had spread to my bones or not, but also check the lymph nodes and other organs. If this was clear, he suggested I consider surgery while I was still young and strong enough to take it.

Challacombe's particular area of expertise was performing radical prostatectomies using the Da Vinci robot system. In a nutshell, the robot has a number of arms wielding forceps, scissors, needle drivers and cameras that are operated by the surgeon a few feet away via a giant console. It offers flexibility, steadiness and precision in hard-to-reach areas and involves smaller incisions that ultimately make it easier to spare integral nerve and tissue damage (between the urethra and rectum), less bleeding, less pain, quicker recovery times and shorter hospital stays. Challacombe told me to read a piece he and [Stephen Fry](#) - on whom he had performed one of these operations a few years before - had both written for a publication called Nature. I had almost exactly the same type and stage of cancer as Fry and so was able to read in detail what to expect. I also, against everyone's advice, watched a video of the operation on YouTube. It wasn't pretty, but at least I knew what I was in for.

There was only one hitch. The cost. Challacombe, who was based at Guy's and St Thomas' in London, split his time between private care and the NHS. If I went through the NHS it would probably be a month or two before I could be operated on (for admin reasons, as much as waiting lists). If I went privately, at a cost of around £26,000, potentially it could be done in only a couple of weeks. Without wishing to push me, he indicated that time was not on my side.

Typically, for very nearly three decades I had worked for magazine publishers and then fashion retailers who provided Bupa health insurance as part of the remuneration package. Less than three years before, however, I had left full-time employment to be a freelance consultant. I no longer had any health insurance at all. Neither did I have £26,000 sitting in a bank account. If we'd had to, Simon and I would probably have been able to raise the funds through a loan, or increase the mortgage, or borrow from a family member. In the end, my 80-year-old mother, who was about to move permanently into our guest barn, kindly insisted that she pay for the treatment.

Once again, bad luck followed good. The robotic-assisted laparoscopic prostatectomy was booked at Guy's Hospital in London Bridge for 9am on September 19.

A few days after the op was confirmed, the Queen died. Different dates for her funeral were being bandied around. Please don't make it the 19th, I prayed. Not only was I worried it might mean the operation was postponed - London would be at a standstill for a funeral of that size - but I didn't want the doctors and nurses watching TV while I lay on a table with my prostate hanging out. The funeral was set for the 19th. My operation was pushed back a week. The selfish queen (her, not me). Once again, the waiting.

I'm not especially sentimental, nor so far particularly scared of dying, but I do like to be in control. And there was, of course, something mildly disconcerting about spending the days before undergoing major surgery for aggressive cancer watching endless footage of a perfectly planned funeral. So one evening, while home alone, I decided to plan mine. Just in case. Although a procession through Wellington Arch and a final resting place in the private chapel at Windsor Castle were unlikely, I could at least make a few choices.

Unexpectedly, I enjoyed plotting my own funeral a little too much. I chose irreverent readings to unsettle the poor person who would have to stand at the lectern and recite them; I wrote my own eulogy - so absurdly delusional and flattering that the thought of my friend Richard having to read it with a poker face made tears of laughter run down my face. I finished with the epitaph for my grave stone. I thought about this for some time. It would state, truthfully, "I had a lovely time." And it has been. If this all went ass up - literally - I couldn't really complain. (I also couldn't really complain because I'd be dead.) I rang my sister, Sophia, to see what she thought. "I like that," she said. "It's true. You have. And better than what I'd have written on mine." What would your epitaph say, I asked. "A little bit disappointed." We laughed out loud.

I can't say much about the operation, as I was unconscious, but you won't be surprised to learn I survived. I was in the operating area for around six hours. The robot arms had slowly scissored, squirmed and burrowed down through my abdomen to the area surrounding the prostate. There, expertly and carefully - to avoid as much nerve damage as possible - Challacombe had removed the prostate gland (the robot arms place it in a minuscule carrier bag before bringing it out of the body to prevent the cancer cells spreading) and also removed 20 of the surrounding lymph nodes in case the cancer had got into those too.



I came to in the recovery bay to the sound of heartbreaking screams from the cubicle next to me. The poor woman in there had just undergone a mastectomy and the reality of her breasts being removed was too much for her to take when she regained consciousness. I was eventually wheeled back to the ward with drips in my arm, a catheter in my penis and a urine bag strapped to my thigh. I hated the pain and discomfort, the inability to move, the helplessness of being attached to a bed and drips and tubes, worrying how you'll get to the loo if you need to poo, watching your own wee fill a see-through plastic sac, the ignominy of being asked every ten minutes to try to pass wind (they dilate your abdomen with carbon dioxide during surgery to make it easier to progress through it), not even having the energy to lift a phone to read messages.

Somehow, you slowly get your strength back. Vanity played a big part in it. I was so aghast at the thought of a nurse taking me to the loo and waiting for me that, on the second night, I slowly sat up, undid the drips and catheter, and waddled my way to the bathroom. It was agony, and took for ever, but I managed it.

Cumbria was deemed too far from the hospital in case of complications, so I stayed with my sister for ten days until the catheter had been removed. Each day I got stronger, learnt to sit up, lean forward and go for short, wobbly walks. I learnt to empty the urine bag from my catheter multiple times a day; empty the other bag poking out from my stomach where the fluid from the lymph nodes was draining; change the dressings on the six wounds; inject myself each evening with blood-thinning medication. It would be around five days before the lymph-node drain could be removed, ten days before the catheter could be taken out, six weeks for firm scar tissue to develop, and six weeks before I could have another PSA test that would establish whether I was free of cancer or would need radiotherapy. Yet more waiting.

There was some good news. My bladder control, only a few days after the catheter was removed, was back to normal. It could have taken months. The relief I felt as I put away all the TENA Men nappies and absorbent pads I'd been told to stock up on was immeasurable. I followed, and still do, the daily reminders from the Squeezy app (it incongruously sits alongside my Soho House one) that instructs you on how to do your pelvic floor exercises six times a day. It will be another few months (or even years), however, before my nerves are repaired enough to enable an erection unaided (hello, penis pump from Amazon). And, of course, there will be no second coming when it comes to ejaculations. Dry orgasms only from now on (not quite the same, but better than you might imagine).

On November 16 I went to London for a blood test and the next day to Guy's to see Challacombe and find out if I still had cancer. I was nervous for those who cared for me; I was nervous about my two grown-up sons (from my first marriage), whose young lives I wanted to watch and nurture for longer; I was nervous too - you'll think I'm insane - about a future without cancer. Since last spring my life had been lived in a cancer bubble. Over the past few months the only thing I'd had to worry about was being ill and getting well. Work had been on hold, my social life had been paused, nobody had expected anything from me. My daily timetable had been dictated by disease, doctors and search engines. The only thing anyone asked of me was to live. Sometimes that felt as if it might be an unwieldy task, but at least it was the only one.

Challacombe looked relaxed as he opened the door to his office. "How does a PSA test of less than 0.03 sound to you? You're cancer-free." My sister, who had insisted on coming with me, cried with relief. I felt numb. It was just too difficult to process the fact that, within the past six months, I'd been diagnosed with cancer, despite not having a single symptom, discovered it was an aggressive, potentially incurable one, learnt that I may need metal poles in my spine to hold up the bones, written my own eulogy, had parts of my body removed, and now didn't have cancer again. I was so fortunate. All those poor patients - some of whom I'd chatted to over the months as we shared hospital waiting rooms decorated with children's drawings and motivational quotes - whose journeys weren't so straightforward; those friends of mine who had died too young from cancer over the years - the first, Ruth, when we were only 32. I felt guilty that two friends of mine who had been diagnosed with cancer before me were still being treated for the disease after me. So why didn't I feel more lucky? And did I now just go back to work again on Monday morning as if nothing had happened? Today, last year's journey feels like a surreal dream. Apart from the scars on my abdomen and the nerve-related side-effects, life seems pretty normal. That's a good thing, of course. But perhaps I would like it to feel a little less normal. Someone asked me at a dinner last week if recovering from cancer had given me a different perspective and new goals in life - you often read about "a new lease of life" in people who've escaped a potentially terminal illness. Alas, I haven't gone skydiving, trekking in Peru or launched a wellness brand. Perhaps that will come. What I have become, at least, is even more grateful for what I already knew I had: an amazing family, an extraordinary group of friends and a home I love in one of the most beautiful parts of the country. And grateful, too, for the doctor and surgeon who both saved my life - the former for spotting the cancer and the latter for removing it.

I was initially reluctant to write this as my experience of the disease has so far been much easier than that of many others (I still have to test my PSA levels every 12 weeks to ensure that cancer hasn't appeared anywhere else). But since there are around 167,000 deaths in the UK from cancer each year, I wanted to share this story in the hope that more men aged over 50 will request an annual PSA test when they visit their GP. If you don't ask, you don't get. Your prostate doesn't normally loom large in your life. But just because it's hidden somewhere up your bum doesn't mean you shouldn't keep an eye on it, so to speak. It could save your life.