

MEN AND CANCER: SAVING LIVES, REDUCING SUFFERING

10 OCTOBER 2022



INTRODUCTION

Men carry a significant excess burden of cancer. Worldwide, the incidence rate for all cancers combined was 19% higher in men (222.0 per 100,000) than in women (186 per 100,000) in 2020.¹ The gender gap for overall cancer mortality worldwide is twice that for incidence, with death rates 43% higher in men than in women (121 and 84 per 100,000, respectively).

In men, prostate cancer is the most frequently diagnosed cancer in 112 countries, followed by lung cancer in 36 countries, and colorectal cancer and liver cancer each in 11 countries. Lung cancer is the leading cause of cancer death in men in 93 countries followed by prostate cancer (48 countries) and liver cancer (23 countries).

But men and cancer is rarely addressed in health policy. GAMH is now working with the European Cancer Organisation to put men and cancer on the European policy agenda and has commissioned a policy report on men and cancer globally. This report will be published in 2023 and an advocacy campaign will follow. The presentation and discussions at this webinar will contribute to the policy paper and the subsequent campaign.

The Men and Cancer webinar was organised by Global Action on Men's Health in collaboration with its official journal, the International Journal of Men's Social and Community Health. The event was generously supported by an educational grant from Advanced Accelerator Applications, a Novartis company.

PROGRAMME

- Improving men's awareness and early presentation – *Dr Mohammed Saab, University College Cork*
- Putting men on the cancer policy agenda in Europe – *Richard Price, European Cancer Organisation*

DOI: <http://dx.doi.org/10.22374/ijmsch.v6i1.109>

Int J Mens Com Soc Health Vol 6(1):e10–e19; 18 March 2023.

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- Tackling prostate cancer in Malawi – *Amon Lukhele, Outreach Scout Foundation; Vice-Chair, Global Action on Men's Health*
- Eliminating HPV-caused cancers in men – *Peter Baker, Global Action on Men's Health*
- Discussion – *next steps in policy and practice*

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The webinar was chaired by Dr Anthony Brown, GAMH's chairperson. A recording of the event can be viewed [here](#).

DOI: <http://dx.doi.org/10.22374/ijmsch.v6i1.109>

Int J Mens Com Soc Health Vol 6(1):e10–e19; 18 March 2023.

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IMPROVING MEN'S AWARENESS AND EARLY PRESENTATION

ENGAGING MEN IN CANCER AWARENESS AND PREVENTION: A FOCUS ON TESTICULAR AND LUNG CANCERS

Mohamad M. Saab

Testicular Cancer

Testicular cancer (TC) is the most diagnosed cancer in men aged 15-35 years.¹ Benign diseases such as epididymo-orchitis and testicular torsion are more common than TC and can cause symptoms like TC (e.g., lumps, swelling, and pain),² hence the importance of raising testicular awareness, regardless of the ultimate diagnosis. This involves promoting men's awareness of the normal look and feel of their testes and commonly experienced symptoms.³

The **Enhancing Men's Awareness of Testicular diseases using Virtual Reality (E-MATVR)** intervention was developed using the Medical Research Council framework to promote testicular awareness in the Republic of Ireland. The feasibility and preliminary effectiveness of E-MAT_{VR} were established, whereby men (n=15) perceived the intervention as user-friendly and engaging.⁴ E-MAT_{VR} was effective in increasing men's (n=53) knowledge of testicular diseases, intentions to seek help for symptoms of concern, and behaviours in terms of performing testicular self-examination.⁵

Lung Cancer

Lung cancer (LC) is the most common cancer and the leading cause of cancer mortality globally, with 2.1 million new cases and 1.8 million deaths in 2018.⁶ LC incidence and mortality are higher in men aged 55-74 years. Patients diagnosed with LC experience significant delays between symptom onset and treatment, hence the importance of developing strategies to "push" at-risk individuals to seek help early and help primary healthcare professionals "pull" these individuals into appropriate services.

We interviewed 46 at-risk individuals^{7,8} and 36 primary healthcare professionals^{9,10} to devise strategies to promote early LC help-seeking, presentation, and referral in the Republic of Ireland. Machoism and stoicism were commonly cited reasons for help-seeking delay.⁷ Pharmacies were often perceived as "feminine" environments.⁹ This was believed to deter men from consulting with a community pharmacist about symptoms of concern. Participants highlighted the need for a national multimodal campaign that uses messages that are: **Simple**, clear, and honest; **Worded positively**; **Incorporating a shock element**; **Featuring a celebrity/healthcare professional/survivor**; and **Targeted (SWFT)**.⁸ Primary healthcare professionals requested information on when to refer patients; interdisciplinary education by LC specialists/professional organizations; checklists/algorithms for the early detection of LC; embedding LC symptoms into pre-existing primary care systems; and using patient stories to educate healthcare professionals.¹⁰

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About the author

Dr Mohamad Saab is Lecturer and Director of Graduate Studies at the School of Nursing and Midwifery, University College Cork (UCC), Ireland. He holds a PhD in Nursing and Postgraduate Certificate and Diploma in Teaching and Learning in Higher Education from UCC. Dr Saab also holds an MSc in Advanced Practice Nursing and BSc in Nursing from the American University of Beirut in Lebanon. His research is primarily focused on the use of innovative technologies such as virtual reality to promote cancer awareness and help-seeking among young men. Dr Saab has over 65 research outputs and was involved as PI, Co-Applicant and Collaborator in over 30 funded research projects, including a clinical trial funded by the Health Research Board to test the feasibility of using virtual reality in promoting young athletes' awareness of testicular cancer (the E-MAT trial).

Author Note

Dr Mohamad M. Saab (ORCID: 0000-0002-7277-6268) has no conflicts of interest to declare. Correspondence concerning this article should be sent to Dr Mohamad M. Saab, University Lecturer and Director of Graduate Studies, Catherine McAuley School of Nursing and Midwifery, University College Cork, Ireland. Email: msaab@ucc.ie

Acknowledgements

I would like to acknowledge the Catherine McAuley School of Nursing and Midwifery, University College Cork and the Health Research Board for supporting the development and testing of E-MAT_{VR} and the National Cancer Control Programme, Health Service Executive for funding the two lung cancer studies.

DOI: <http://dx.doi.org/10.22374/ijmsch.v6i1.109>

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PUTTING MEN ON THE CANCER POLICY AGENDA IN EUROPE

Richard Price

Cancer at the top of the EU health agenda

The publication of Europe's Beating Cancer Plan¹ in February 2021 was a watershed moment in EU health policy, the first comprehensive, well-funded and high-profile commitment to action by the EU on a disease condition. With over 40 different initiatives across the areas of prevention, detection, treatment, survivorship and quality of life, and inequalities, the Plan provides a vehicle for many neglected areas of cancer policy attention to achieve support, including men and cancer.

More than 50 initiatives, many with a gender aspect

In combination with the EU Research Mission on Cancer,² a wide range of initiatives are now being prepared and conducted in topic areas in which gender aspects are relevant.

These include:

- **UNCAN.eu3-** an initiative to advance the understanding of cancer mechanisms in order to improve cancer prevention, early diagnosis and treatment.
- **An update to the European Code Against Cancer4-** 12 actions that individuals can take to reduce their risk of developing cancer.
- **A formal EU goal to eliminate cancers caused by HPV.5**
- Legislative initiatives to support healthier citizen behaviours and reduce cancer risk, including proposals to:
 - require health warnings on the labelling of alcohol-containing beverages⁶

- require mandatory front of-pack nutrition labelling on food products⁷
- limit workplace exposure to carcinogens, including asbestos.⁸
- Implement a new **EU level cancer screening scheme**, inclusive of prostate cancer.⁹
- **The creation of an EU 'Cancer Survivor Smart-Card'**.¹⁰
- Analytical work addressing issues related to **the return to work needs of cancer patients**.¹¹
- **The creation of an EU Cancer Inequalities Registry**.¹²

Cancer community determination to bring gender into the implementation discussion

Altogether, there now exists an unprecedented opportunity for the European cancer community to make use of Europe's Beating Cancer Plan and the EU Research Mission of Cancer to achieve long-lasting improvement in the shared fight against cancer.

With this in mind, the European Cancer Organisation has been assisting in the convening and facilitating of numerous roundtable discussions to help share information about the new EU initiatives and promote thinking about their implementation. Consequently, in April 2022, an expert online seminar was held on the topic of Men and Cancer. The event brought together leaders in men's health, experts in oncology, patient advocates and others to consider the framework of cancer control as seen through the lens of men's health. It aimed to raise awareness of the ways in which health and cancer policies and services can more effectively take account of the male experience

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of cancer and, ultimately, to achieve better cancer outcomes for men across Europe. The issue was also considered in the context of potential opportunities for improvement provided by Europe's Beating Cancer Plan, Horizon Europe's EU Cancer Mission and other EU and international level health policy agendas and initiatives.¹³

The subsequent 'Action Report', reviewed and approved via ECO's membership and Patient Advisory Committee via Policy Pathway review process¹⁴ made a number of recommendations including:

- The excess burden of cancer in men must be addressed as part of the effort to address inequalities in cancer outcomes;
- A male-targeted approach can help to change men's health behaviours and improve their use of services;
- Prostate cancer screening programmes should be introduced on a systematic basis.

This has now provided the European Cancer Organisation with firmer mandate from its membership for advocacy and policy activity on Men and Cancer which will be pursued through 2023 and beyond.

Raising consciousness, prompting reflection, gaining response

Immediate priorities for the European Cancer Organisation, in respect to integrating the Men and Cancer agenda into EU policy, include:

- In light of an EU goal of eliminating HPV cancers, promoting the inclusion of boys in HPV vaccine programmes in all countries;
- Ensuring the inclusion of prostate cancer as a recommended screening programme at the EU level;

- Bringing gender firmly into the EU dialogue on cancer inequalities, including inequalities measurement exercises such as the EU Inequalities Registry.

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DOI: <http://dx.doi.org/10.22374/ijmsch.v6i1.109>

Int J Mens Com Soc Health Vol 6(1):e10–e19; 18 March 2023.

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DOI: <http://dx.doi.org/10.22374/ijmsch.v6i1.109>

Int J Mens Com Soc Health Vol 6(1):e10–e19; 18 March 2023.

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TACKLING PROSTATE CANCER IN MALAWI

Amon Lukhele

Prostate cancer is now one of the most common cancers in men worldwide and the fourth most common cancer in men in Malawi with over 930 new cases each year. It is the second most common cause of cancer death in many countries, including the United States. Prostate cancer kills over 550 men each year in Malawi.

The Malawian government has turned a blind eye to prostate cancer in planning, budgeting and implementation. This is evident in the government's National Cancer Control Strategy 2019–2029 and the Health Sector Strategic Plan III.

In Malawi, prostate cancer is killing many men silently because the Malawian government and development stakeholders are not treating it as a priority in awareness, diagnosis, identification, care and treatment. In primary and secondary public health facilities, men's health care is compromised by late diagnosis. A lack of awareness of early symptoms among patients leads to late presentation. There is a lack of access to Prostate Specific Antigen (PSA) diagnostic tests in public hospitals and most patients are unable to afford private tests. Inadequate knowledge and experience by health care workers who may confuse cancer with benign prostate enlargement.

Because of late diagnosis, patients often present with advanced disease which has already spread to other areas, such as the spine. There is a lack of specialist

urologists in Malawi – there are just two native surgeons in the public health service – and some cases are managed by general surgeons. Radiotherapy is largely unavailable as a treatment option. In summary, there is a lack of resources, financial capacity and political will.

Action is needed now by the Malawian government and development partners to:

1. Increase community awareness of the early symptoms and the importance of early help-seeking behaviour.
2. Engage the community on common misconceptions, biases and stigma associated with prostate cancer and benign prostate enlargement.
3. Improve the availability of and access to PSA Tests in public hospitals.
4. Train health care workers on the early identification of prostate cancer.
5. Train more specialist urology surgeons.
6. Create the political will to prioritise and increase funding for the diagnosis and treatment of prostate cancer and also benign prostate disease.

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DOI: <http://dx.doi.org/10.22374/ijmsch.v6i1.109>

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ELIMINATING HPV-CAUSED CANCERS IN MEN

Peter Baker

The problem with HPV

HPV (human papillomavirus) is a common sexually-transmitted infection that around 90% of sexually active people acquire. Fortunately, most people suffer no ill-effects from HPV. But in some people, it can cause a range of cancers, genital warts and recurrent respiratory papillomatosis (RRP). HPV causes around 5% of all cancers worldwide and between 20–40% of all HPV cancers are in men.¹ HPV causes over 90% of cervical and anal cancers, over 60% of penile cancers, around 70% of vaginal and vulval cancers, and head and neck cancers (primarily oropharyngeal, with over 70% of cases in men are caused by HPV).²

The solutions

HPV cancers can be prevented by vaccination, ideally at around 11-13 years of age. This is one of the easiest ways of preventing cancer. Currently, most programmes offer two vaccine doses but WHO is now recommending one dose. The scientific evidence is overwhelmingly clear that HPV vaccination is safe. Secondary prevention is available through cervical cancer screening and, hopefully soon, anal cancer screening for high-risk groups.

Why vaccinate boys?

There is a significant disease burden in men. Vaccinating just girls does not sufficiently protect men because they can still acquire the virus from unvaccinated women. Men who have sex with men are completely unprotected by girls-only programmes and are at the highest risk of HPV cancers. Leaving men at risk is unethical and discriminatory while girls-only programmes place the whole burden of vaccination on females. Vaccinating everyone protects everyone – and faster. Gender-neutral vaccination is cost-effective.

The challenge

Around 100 countries have HPV vaccination programmes (2020).³ But HPV vaccination is still widely seen as a means of eliminating only cervical cancer. Around 40% of programmes are gender-neutral. WHO does not recommend vaccinating boys. By 2019, it was estimated that worldwide 15% of girls and 4% of boys had been vaccinated. Vaccination rates in many countries are very low – few reach WHO's 90% target (which is set for girls).

What can be done?

The case for gender-neutral HPV vaccination – and higher levels of uptake – must be constantly made. The European Commission's clear commitment to gender-neutral vaccination⁴ as well as the existing policies of around 40 countries provides a platform of policy and practice on which to build. It is vital to influence WHO, international and national cancer organisations, and organisations representing healthcare professionals (e.g. oncologists, paediatricians, GPs, nurses) and to encourage them to support gender-neutral vaccination.

About the author

Peter Baker is Director of Global Action on Men's Health. He was campaign director of HPV Action UK from 2013-2020 and works as a consultant for the European Cancer Organisation, supporting the work of its HPV Action Network.

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DOI: <http://dx.doi.org/10.22374/ijmsch.v6i1.109>

Int J Mens Com Soc Health Vol 6(1):e10–e19; 18 March 2023.

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