



**GLOBAL ACTION ON
MEN'S HEALTH**

MEN AND CANCER:

SAVING LIVES, REDUCING SUFFERING

10 October 2022

Supported by



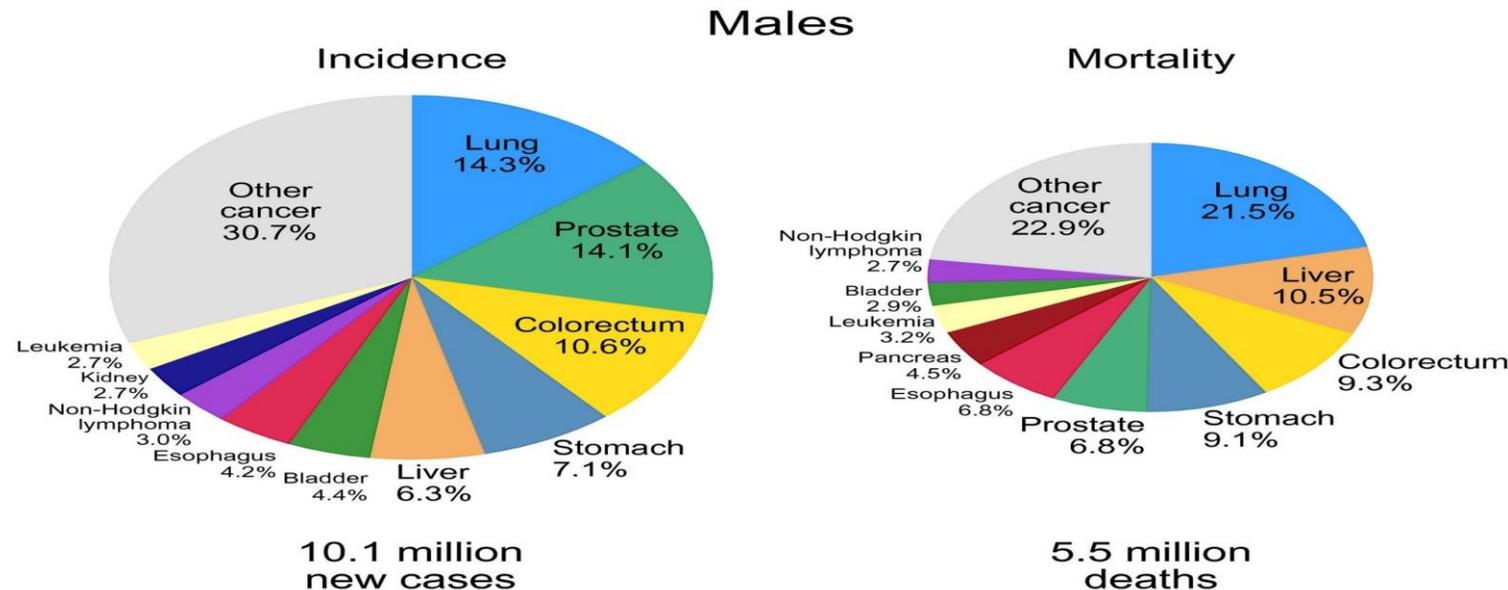
PROGRAMME



- **Welcome and introduction**
 - *Anthony Brown, Chair, Global Action on Men's Health*
- **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*
- **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*

WHY THIS WEBINAR?

- Globally, 19 million new cancer cases and 10 million deaths annually (2020).
- Most cancer cases and deaths are male.
 - Age-standardized male incidence rate: 222; female rate: 186.
 - Age-standardized male mortality rate: 121; female rate: 84.



- 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).
- Men and cancer rarely addressed in health policy.
- GAMH working with European Cancer Organisation to put men and cancer on the European policy agenda.
- GAMH has asked Natalie Leon and Chris Colvin to prepare a policy report on men and cancer globally. This webinar will contribute to this. The report will be published in Q1 2023 and an advocacy campaign will follow.



Engaging Men in Cancer Awareness and Prevention: A Focus on Testicular and Lung Cancers

Dr Mohamad M. Saab

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School of Nursing and Midwifery, University College Cork

A TRADITION OF
INDEPENDENT
THINKING



UCC
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Coláiste na hOllscoile Corcaigh

Testicular cancer

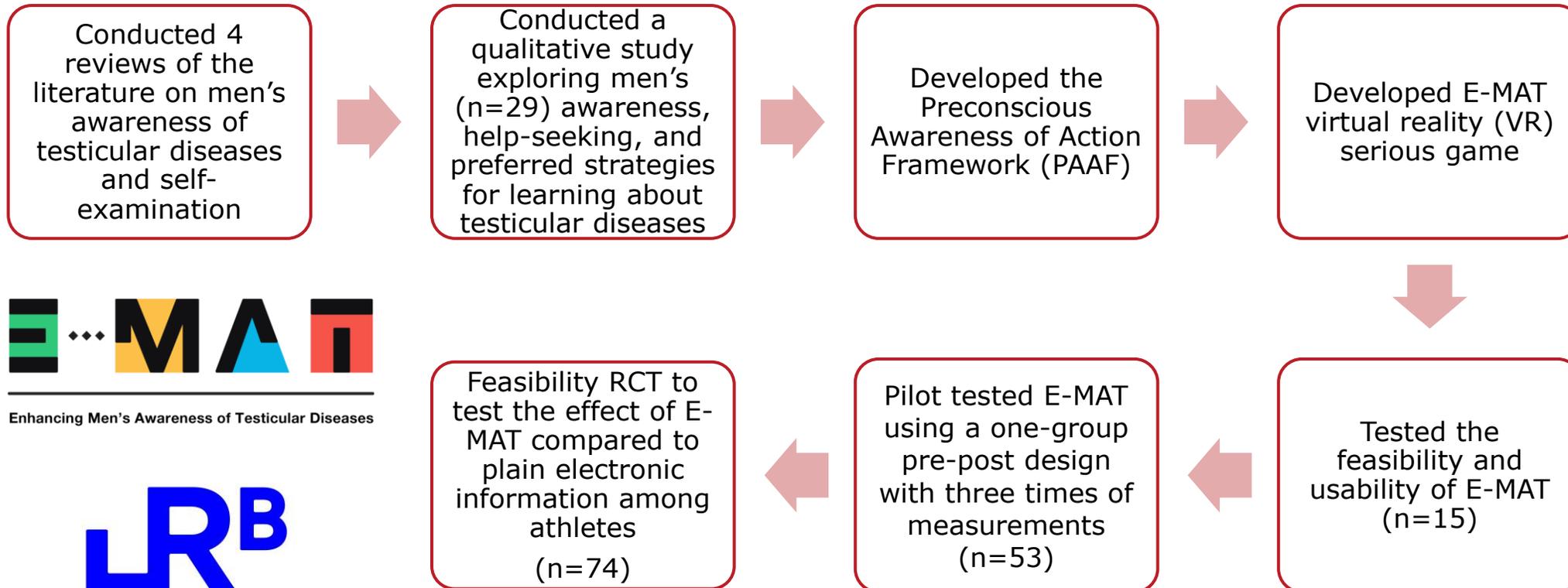


Facts and figures

- Testicular cancer (TC) is the most commonly diagnosed cancer in males between 15 and 35 years.
- The risk of developing TC is highest in the United States and Europe.
- The classical symptom of TC is a unilateral painless lump.
- Epididymo-orchitis is often sexually transmitted in men (<50 years) and can lead to infertility and sepsis if untreated.
- Testicular torsion affects younger men (<25 years), causes severe pain, and leads to necrosis and sepsis if help-seeking is delayed.
- Symptoms of benign testicular diseases can mimic those of TC.



Enhancing Men's Awareness of Testicular Diseases Using Virtual Reality ($E-MAT_{VR}$)

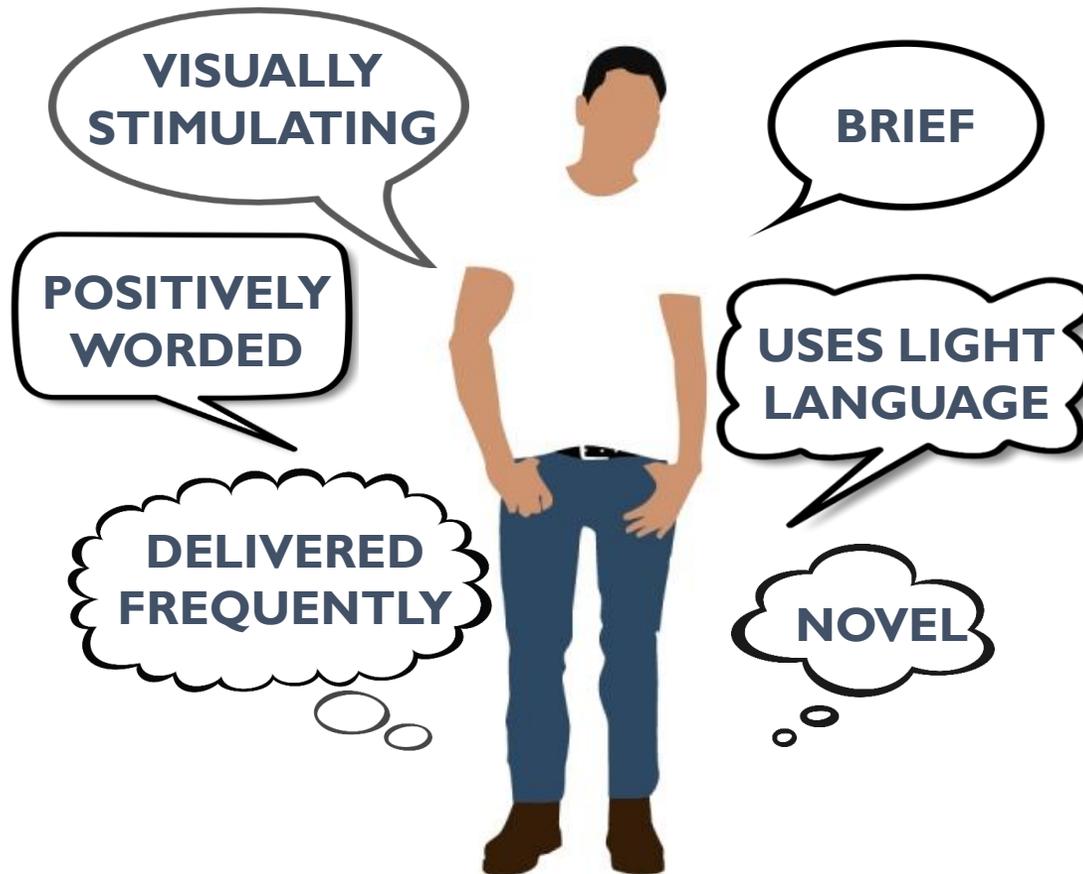


Enhancing Men's Awareness of Testicular Diseases

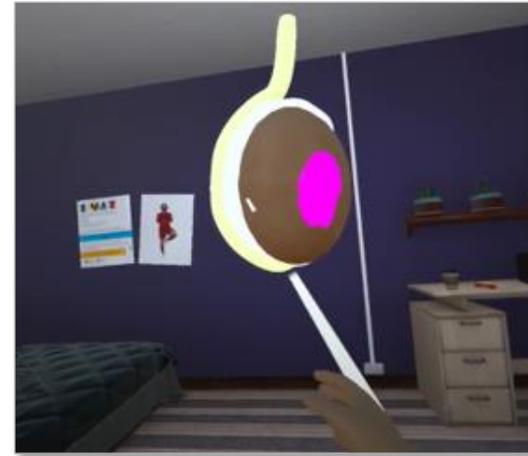
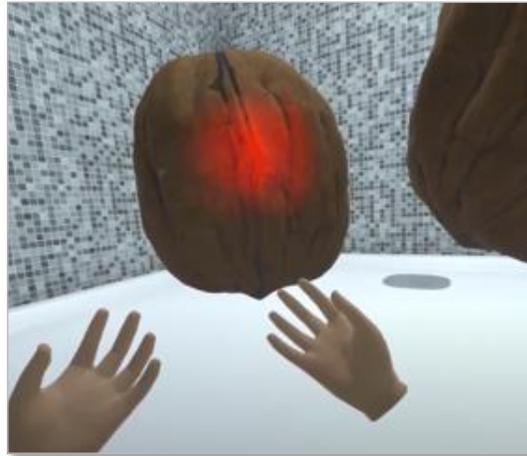


Individual interviews and focus groups with 29 men

- Awareness of testicular diseases was lacking and help-seeking intentions for testicular symptoms were low.
- In order to raise awareness, men recommended strategies that are:



E-MAT_{VR}



Testing E-MAT_{VR}

- Feasibility and usability of E-MAT (n=15).
- Pilot study to test the effect of E-MAT using a one-group pre-post design with three times of measurements (n=53).
- Feasibility RCT to test the effect of E-MAT_{VR} compared to plain electronic information among athletes (n=74).
- Results are encouraging, warranting further investigation and wider implementation.



References linked to this project

1. Saab, M. M. (2019). Promoting testicular cancer awareness using virtual reality: A worked example. *The Medical Independent* 5(7), 44-46.
2. Saab, M. M., Hegarty, J., & Landers, M. (2019). Testicular awareness: The what, the why and the how. *International Journal of Men's Social and Community Health*. <https://doi.org/10.22374/ijmsch.v2i1.16>
3. Saab, M. M., Landers, M., Cooke, E., Murphy, D., & Hegarty, J. (2019) Feasibility and usability of a virtual reality intervention to enhance men's awareness of testicular disorders (E-MAT). *Virtual Reality*, 23, 169-178.
4. Saab, M. M., Davoren, M., Murphy, A., Murphy, D., Cooke, E., Landers, M., Fitzgerald, S., Richardson, N., Rovito, M., von Wagner, C., Murphy, M., Dahly D., & Hegarty, J. (2018). Promoting men's awareness, self-examination, and help-seeking for testicular disorders: A systematic review of interventions. *HRB Open Research*, 1, 16.
5. Saab, M. M., Landers, M., & Hegarty, J. (2018). Males' awareness of benign testicular disorders: An integrative review. *American Journal of Men's Health*, 12(3), 556-566.
6. Saab, M. M., Landers, M., & Hegarty, J. (2018). The preconscious awareness to action framework: An application to promote testicular awareness. *Nursing Research*, 67(2), 169-176. <https://www.ncbi.nlm.nih.gov/pubmed/29489637>.
7. Saab, M. M., Landers, M., Cooke, E., Murphy, D., Davoren, M., & Hegarty, J. (2018). Enhancing men's awareness of testicular disorders (E-MAT) using a virtual reality intervention: A pre-post pilot study. *Nursing Research*, 67(5), 349-358.
8. Saab, M. M., Landers, M., & Hegarty J. (2017). Exploring awareness and help-seeking intentions for testicular symptoms among heterosexual, gay, and bisexual men in Ireland: A qualitative descriptive study. *International Journal of Nursing Studies*, 67, 41-50.
9. Saab, M. M., Landers, M., & Hegarty, J. (2017). Exploring men's preferred strategies for learning about testicular disorders inclusive of testicular cancer: A qualitative descriptive study. *European Journal of Oncology Nursing*, 26, 27-35.
10. Saab, M. M., Landers, M., & Hegarty, J. (2016). Promoting testicular cancer awareness and screening: A systematic review of interventions. *Cancer Nursing*, 39(6), 473-487.
11. Saab, M. M., Landers, M., & Hegarty, J. (2016). Testicular cancer awareness and screening practices: A systematic review. *Oncology Nursing Forum* 43, E8-E23.
12. Data Management Plan available publicly via DMPOnline (Identifier: 79922): https://dmponline.dcc.ac.uk/plans/79922/export.pdf?export%5Bquestion_headings%5D=true
13. Feasibility trial protocol registered on ClinicalTrials.gov (Identifier: NCT05146466): <https://clinicaltrials.gov/ct2/show/NCT05146466?cond=E-MAT&draw=2&rank=1>
14. SWAT protocol registered on the Northern Ireland SWAT repository (Identifier: SWAT 162): <https://www.qub.ac.uk/sites/TheNorthernIrelandNetworkforTrialsMethodologyResearch/FileStore/Fileupload,1358622,en.pdf>
15. Mixed-method process evaluation protocol published in HRB Open Research: <https://hrbopenresearch.org/articles/5-25>

Lung cancer



Facts and figures

- 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 alone.
- Incidence and mortality rates are higher in men aged 55-74 years
- LC is typically diagnosed at advanced stages with a five-year survival rate of 5%
- Early help-seeking for symptoms indicative of LC is key for timely and early diagnosis and improved survivorship.
- Patients diagnosed with LC experience on average a 6-month delay between symptom onset and initiation of treatment.
- Several complex barriers to help-seeking, early recognition, early referral, and early diagnosis exist.

Study 1 – High-risk individuals

- Qualitative study of LC awareness, help-seeking intentions for LC symptoms, and preferred strategies for learning about LC among at-risk individuals.

46 participants aged 50+ years with at least one LC risk factor recruited via community centres and organisations from disadvantaged areas in Dublin and Carlow



Audio-recorded focus groups were conducted face-to-face in February 2020

NHS

Dr Philip Sawyer

Been coughing for 3 weeks? Tell your doctor.

A persistent cough could be a sign of lung cancer.
Finding it early makes it more treatable.

**BE CLEAR
ON CANCER**

nhs.uk/lungcancer

"IF YOU'VE HAD A COUGH FOR THREE WEEKS, SEE YOUR GP."

Chances are it's nothing to worry about. But a cough that doesn't clear up can be a sign of lung cancer, so it's best to get it checked out.

You're not wasting anyone's time – your GP wants to see you. There's a lot that can be done to treat lung cancer these days, especially if it's found early.

DON'T GET SCARED, GET CHECKED.

getcheckedearly.org

NHS
SCOTLAND

healthier
scotland
SCOTTISH GOVERNMENT

Results

Help-seeking for early signs and symptoms of lung cancer	Triggers for help-seeking	Appraisal of symptom seriousness
		Symptom change and persistence
		Family history of lung cancer
	Contributors to help-seeking delay	Symptom misappraisal
		Fear and denial
		Self-help measures
		<i>"I would not go to a doctor to save my life, literally"</i>
Machoism and stoicism in men		

Promoting awareness and early detection of lung cancer	Information needs	<i>"There isn't enough information out there"</i>
		Need for information on early signs, symptoms, and risk
		<i>"It's too late for us... target young people"</i>
	Suggestions for effective public health messaging (SWIFT)	S imple, clear, and honest
		W orded positively
		I ncorporating a shock element
		F eaturing a celebrity, healthcare professional, or survivor
		T argeted
	Learning strategies and information platforms	Sources of previous information
		Multimodal campaigns
		Discreet diagnostic services and face-to-face support
Potentially ineffective strategies		
Views regarding pre-existing campaigns		

Study 2 – Primary healthcare professionals

- Qualitative study to explore strategies to engage primary healthcare professionals in education on early detection of LC in the Republic of Ireland.

36 GPs, Practice Nurses, Public Health Nurses, and Community Pharmacists recruited from the Republic of Ireland using e-mail invites and via professional organisations



Audio-recorded focus groups and individual interviews conducted virtually between February and April 2021

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Results

Strategies to promote early referral among primary healthcare professionals

- Providing information on when to refer patients
- Delivering education by LC specialists
- Delivering education and webinars by professional organizations
- Creating a checklist/algorithm for the early detection of LC signs and symptoms
- Embedding LC symptoms into pre-existing primary care systems (e.g., Chronic Disease Management Programme)
- Using patient stories to educate healthcare professionals
- Adopting an interdisciplinary approach to education

Facilitating early patient presentation for signs and symptoms of concern

- Patient education
- Accessibility of additional and free services for LC health checks/health screening and diagnosis
- Leveraging family, GP, and community supports

References linked to this project

1. Saab, M. M., O'Driscoll, M., FitzGerald, S., Sahm, L. J., Leahy-Warren, P., Noonan, B., ... & Hegarty, J. (2022). Primary healthcare professionals' perspectives on patient help-seeking for lung cancer warning signs and symptoms: A qualitative study. *BMC Primary Care*, 23(1), 1-15.
2. Saab, M. M., O'Driscoll, M., Fitzgerald, S., Sahm, L. J., Leahy-Warren, P., & Hegarty, J. (2022). Referring patients with suspected lung cancer: A qualitative study with primary healthcare professionals in Ireland. *Health Promotion International* [In Press].
3. Saab, M. M., O'Driscoll, M., Sahm, L. J., Leahy-Warren, P., Noonan, B., ... & Hegarty, J. (2022). Referring high-risk individuals for lung cancer screening: A systematic review of interventions with healthcare professionals. *European Journal of Cancer Prevention*, 31, 540-550.
4. Saab, M. M., Sahm, L. J., O'Driscoll, M., Burns, H. E., Kennedy, ... & Hegarty, J. (2022). The role of the pharmacist in referring clients with lung cancer 'alarm' signs and symptoms. *Irish Pharmacy News*. https://www.pharmacynewsireland.com/the-role-of-the-pharmacist-in-referring-clients-with-lung-cancer-alarm-signs-and-symptoms/?utm_source=rss&utm_medium=rss&utm_campaign=the-role-of-the-pharmacist-in-referring-clients-with-lung-cancer-alarm-signs-and-symptoms
5. Saab, M. M., FitzGerald, S., Noonan, B., Kilty, C., Collins, A., Lyng, Á., ... & Hegarty, J. (2021). Promoting lung cancer awareness, help-seeking and early detection: A systematic review of interventions. *Health Promotion International*, 36(6), 1656-1671. <https://doi.org/10.1093/heapro/daab016>
6. Saab, M. M., Noonan, B., Kilty, C., FitzGerald, S., Collins, A., Lyng, Á., ... & Hegarty, J. (2021). Awareness and help-seeking for early signs and symptoms of lung cancer: A qualitative study with high-risk individuals. *European Journal of Oncology Nursing*, 50, 101880. <https://doi.org/10.1016/j.ejon.2020.101880>
7. Saab, M. M., Kilty, C., Noonan, B., FitzGerald, S., Collins, A., Lyng, Á., ... & Hegarty, J. (2020). Public health messaging and strategies to promote "SWIFT" lung cancer detection: a qualitative study among high-risk individuals. *Journal of Cancer Education*, 1-10. [Online ahead of print]. DOI: 10.1007/s13187-020-01916-w

Thank you



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UCC

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh



Putting men on the cancer policy agenda in Europe

Richard Price
Head of Policy
European Cancer Organisation



Our mission

40 member organisations

advised by

22 patient societies

Working together to achieve a shared mission

To reduce the burden of cancer, improve outcomes and the quality of care for cancer patients, through multidisciplinary and multiprofessionalism.

A unique and exciting period in European cancer policy



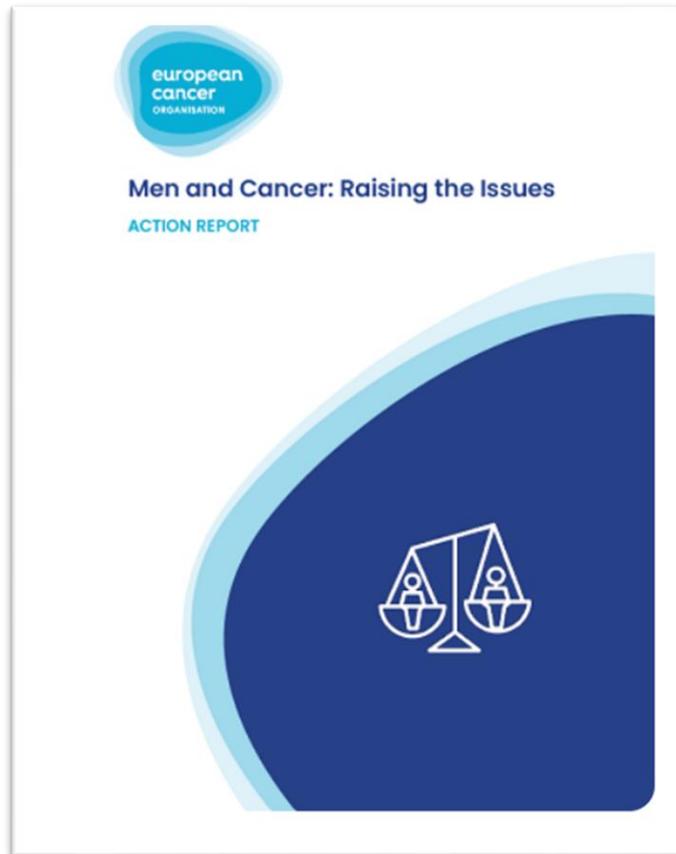
More than 50 initiatives... many with gender angles



Flagship 3: With dedicated funds under the EU4Health programme and other funding instruments, Europe's Beating Cancer Plan will support Member States' efforts to extend routine vaccination against human papillomaviruses of girls and boys – in order to **eliminate cervical cancer and other cancers caused by human papillomaviruses**. The objective is to vaccinate at least 90% of the EU target population of girls and to significantly increase the vaccination of boys by 2030⁴⁸. Member States will play a critical role in meeting this target



Cancer community determination to bring gender into the implementation discussion



- The excess burden of cancer in men must be addressed as part of the effort to address inequalities in cancer outcomes. Gender differences are as relevant and important as those related to income, geography, race, sexuality, age and disability.
- A male-targeted approach can help to change men's health behaviours and improve their use of services.
- Prostate cancer programmes should be introduced on a systematic basis. There is now clear evidence supporting risk-stratified screening while reducing the number of unnecessary biopsies and avoiding over-treatment. There is a need for a new European Prostate Cancer Initiative, modelled on the European Breast Cancer Initiative.

Raising consciousness, prompting reflection, gaining response....

HPV Cancer Elimination



Ensuring that
vaccination for boys is
conducted across
Europe

EU Cancer Prevention legislation & funded initiative

HPV vaccination for boys in
the European Code Against
Cancer

Gender aspects to EU
prevention promotion
campaigns

EU Cancer Screening Scheme



Ensuring Prostate Cancer
Screening is advanced in all
EU countries.

Using behavioural insights
to improve takeup

EU Cancer Inequalities Registry



Ensuring that gender is a
prominent feature

Bringing action to the
gender inequalities
revealed ²⁸

european
cancer

european cancer SUMMIT 2022

**Delivering Effective & Equitable
Care Together**

europeancancer.org/summit

16 & 17 NOV
Brussels & Virtual

#europeancancersummit

Focused Topic Networks

Prevention,
Early Detection
& Screening Network



HPV Action Network



Health Systems and
Treatment
Optimisation
Network



Quality Cancer Care
Network



Survivorship and
Quality of Life
Network



Digital Health
Network



Inequalities Network



Workforce Network



Special Network
Impact of Covid-19
on Cancer



ECO-ASCO
Special Network:
Impact of the War
in Ukraine on Cancer



The logo for the European Cancer Organisation is a white, irregularly shaped oval with a soft, glowing blue border. Inside the oval, the words "european" and "cancer" are stacked vertically in a bold, lowercase, blue sans-serif font. Below them, the word "ORGANISATION" is written in a smaller, uppercase, blue sans-serif font.

**european
cancer**
ORGANISATION

Let's keep in touch!

Richard Price
Head of Policy

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TACKLING PROSTATE CANCER IN MALAWI

Amon Lukhele

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BACKGROUND

- Prostate is a new concept in our settings like Malawi, thus why the Government and other stakeholders do not prioritize it.
- Prostate cancer is a silent disease and is not being prioritized.
- 2nd most common cancer in men globally
- 4th commonest cancer in men (Malawi)
- ~934 new cases per year, 554 deaths per year,
- 1384 patients within 5 years
- Despite not being prioritized the disease claims a lot of lives. According to the latest WHO data published in 2020 Prostate Cancer Deaths in Malawi reached 271 or 0.28% of total deaths. The age adjusted Death Rate is 13.89 per 100,000 of population ranking Malawi #113 in the world. Review other causes of death by clicking the links below or choose the full health profile (<https://www.worldlifeexpectancy.com/malawi-prostate-cancer>).

Malawi ministry of health position

- ▶ The Malawian government a National Cancer Control Strategy 2019-2029.
 - ▶ Aimed at planning and implementing cancer prevention, early detection, treatment, follow-up and palliative care interventions at different levels of governance and for the efficient monitoring and evaluation of the cancer interventions.
 - ▶ Wrong timing: The HSSP III and MGDS expired in 2022 while the national Cancer Strategy expire in 2029.

LATE DIAGNOSIS DUE TO

- Lack of awareness of early symptoms among patients hence late presentation to the hospital
- Lack of access to diagnostic Prostate Specific Antigen (PSA) Tests, in public hospitals – most patients can't afford private labs
- Inadequate knowledge and experience by health care workers who may misdiagnose it for benign prostate enlargement
- Psycho-social and cultural factors

INEFFICIENT TREATMENT DUE TO

- Late diagnosis, patients present with advance disease- already spread to other areas e.g. spine.
- Inadequate specialist urologists, only 2 native surgeons in public health service. Some cases managed by general surgeons.
- Lack of resources, financial capacity and political will
- Lack of radiotherapy as a treatment option in the country .

~~~~~Dr. Jona Mhango (Mzuzu Central Hospital)



# PROPOSED AREAS OF EMPHASIS – GOV, DONORS, CSOs

- Increase community awareness of early symptoms and significance of early health seeking behaviour
- Engage community on common misconception, biases and stigma associated with prostate CA and BPH
- Availability and access to PSA Tests in public hospitals
- Trainings of health care workers on early identification of Prostate cancer
- Training of more specialist urologist surgeons
- Political will, prioritisation and increased funding towards prostate cancer and BPH diagnosis and treatment.



# OUTREACH SCOUT FOUNDATION ACTIVITIES

- ▶ Conducted a zoom meeting in collaboration with GAMH. the meeting was part of awareness raising with fellow African region organisations and individuals present during the meeting.
- ▶ Sharing information through social media; facebook, [linkedin.com/in/outreach-osf-b93b00153](https://www.linkedin.com/in/outreach-osf-b93b00153), <https://twitter.com/outreachOSF>, instagram.
- ▶ Mainstreaming advocacy through Universal health Coverage coalition interventions.
  - ▶ Universal health coverage day (mental health, NCDs)
  - ▶ Policy briefs
  - ▶ Sending statement such as Monkey pox to Ministry of health.



**GLOBAL ACTION ON  
MEN'S HEALTH**

# ELIMINATING HPV-CAUSED CANCERS IN MEN

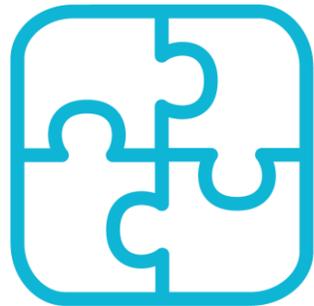
Peter Baker  
GAMH

# HPV ADVOCACY AND ME

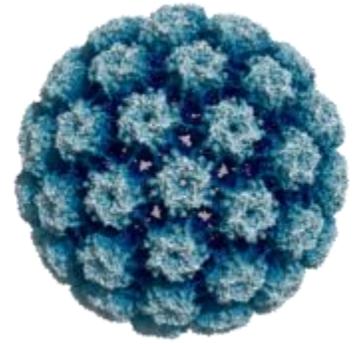
- HPV ACTION (UK), 2013-2020



- HPV ACTION NETWORK, EUROPEAN CANCER ORGANISATION, 2019 –



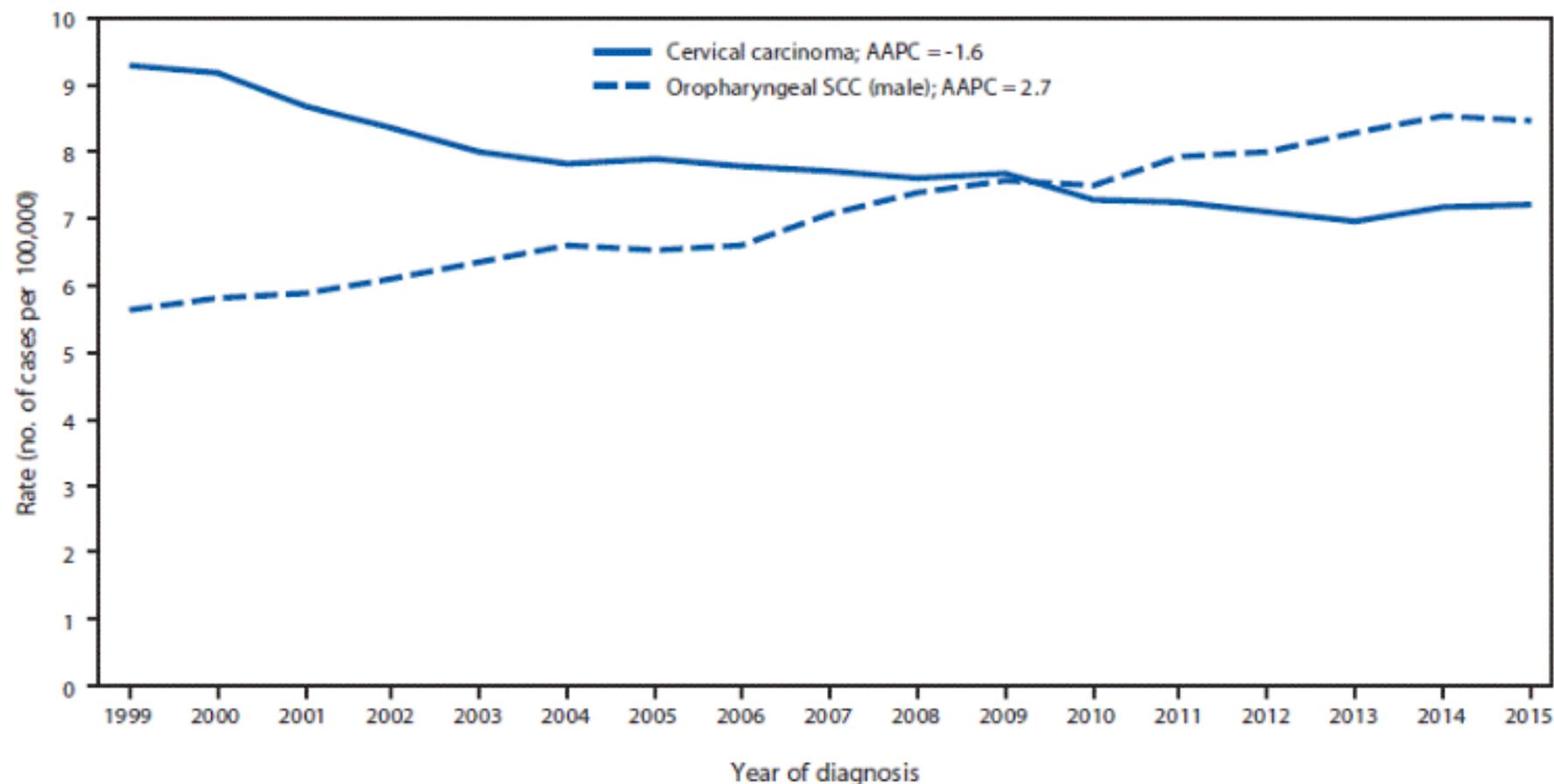
# THE PROBLEM WITH HPV



- HPV (human papillomavirus) is a common sexually-transmitted infection that around 90% of sexually active people acquire.
- Most people suffer no ill-effects from HPV.
- 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.
- Between 20-40% of all HPV cancers are in men.
- HPV causes 99% of cervical cancers, 90% of anal cancers, 60% of penile cancers, 70% of vaginal and vulval cancers, and head and neck cancers (primarily oropharyngeal – 60-70% cases caused by HPV).

FIGURE 1. Trends\* in age-adjusted incidence of cervical carcinoma among females and oropharyngeal SCC among men,<sup>†</sup> — United States,<sup>§</sup> 1999–2015



Sources: CDC's National Program of Cancer Registries; National Cancer Institute's Surveillance, Epidemiology, and End Results program.

Abbreviations: AAPC=average annual percent change; NS=not significant; SCC = squamous cell carcinoma.

# THE SOLUTION

- HPV disease can be prevented by vaccination, ideally around 11-13 years of age.
- It is the easiest way of preventing cancer.
- Currently, most programmes offer 2 doses but WHO is now recommending 1 dose.
- 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.
- 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.
- Girls-only programmes place the whole burden of vaccination on females.
- Vaccinating everyone protects everyone – and faster.
- It is cost-effective.

# THE CHALLENGE

- Around 100 countries have HPV vaccination programmes (2020).
- HPV vaccination still widely seen as a means of eliminating only cervical cancer.
- Around 40% of programmes are gender-neutral.
- By 2019, 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.

# WHAT CAN WE DO?

- Consistently make the case for gender-neutral HPV vaccination – and higher levels of uptake.
- Build on the European Union’s clear commitment to gender-neutral vaccination as well as the existing policies of around 40 countries.
- Seek to influence WHO, international and national cancer organisations, and organisations representing healthcare professionals (e.g. oncologists, pediatricians, GPs, nurses).
- Work together.



# **GLOBAL ACTION ON MEN'S HEALTH**

**THANK YOU!**