



GLOBAL ACTION ON
MEN'S HEALTH

MEN & CANCER

A Charter for Action



10 STEPS TO BETTER CANCER OUTCOMES FOR MEN

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Too many men get cancer

Worldwide, a man has a 1 in 5 chance of getting cancer by the age of 75 and a 1 in 10 chance that the disease will kill him.¹ The incidence rate for all cancers combined is 213 per 100,000 for men, 15% higher than for women. The mortality rate for men is 110, 43% higher than for women. Lung cancer is the most frequently diagnosed cancer and the leading cause of cancer-related death in men. After lung cancer, prostate and colorectal cancer rank highest in terms of incidence while liver and colorectal cancer top the list for mortality.

Too many men are developing and dying unnecessarily from cancer. They carry a heavy burden for a combination of social, physiological and structural reasons, including:

- Health promotion strategies have failed to reach men effectively resulting in higher rates of smoking² and excessive alcohol consumption³ as well as lower symptom awareness.⁴
- Barriers that make it harder for men to use primary care services, including inflexible opening hours, cost and inaccessible locations as well as gender norms that discourage men from help-seeking.^{5,6}
- Limited access to cancer screening services⁷ and to vaccination against cancer-causing viruses (HPV and hepatitis B).⁸
- Greater exposure to carcinogens for some men in their workplaces.⁹
- Unequal access to treatment and care services, especially in middle- and lower-income countries.⁷
- Biology, potentially linked, for example, to the presence of two x chromosomes in females, resulting in two copies of tumour-suppressing genes.¹⁰

These issues are largely unaddressed in cancer policy at all levels, including national cancer plans.^{11,12} Most policy documents lack sex-disaggregated data or, among those that do, provide disaggregated information on just a few outcomes, often without further interpretation. References to gender are few and any focus on specific gendered dynamics of men and cancer is even more scarce.

Sex and gender differences are, in fact, as pertinent as those variations concerning income, geography, race, ethnicity, sexuality, age and disability. They affect both men and women¹³ and it is therefore crucial to approach cancer in men equitably alongside cancer in other genders. When it comes to research, policy development and service delivery, there is an urgent need for action to improve everyone's health outcomes and there should not be a binary choice between the genders as if it were a 'zero sum game'¹⁴.

Global Action on Men's Health (GAMH) has partnered with the European Cancer Organisation (ECO) and the European Association of Urology (EAU) to develop an action plan on men and cancer¹⁵ which aims to influence the implementation of Europe's Beating Cancer Plan,¹⁶ a strategy developed for the European Union's 27 member states. This Charter for Action serves as a platform for broader, global initiatives on men and cancer. We are calling on governmental and non-governmental organisations (NGOs) at all levels – global to local – to implement policies and practices that respond effectively to men's specific needs and improve their cancer outcomes.

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Areas for action

GAMH recommends global action on men and cancer in 10 key areas:

- 1. Policy.** A 'one-size-fits-all' approach has proven inadequate in meeting the needs of people of all genders, including men. Gender must therefore be integrated into global and national cancer policies and plans in a way that is inclusive of men. GAMH also advocates the establishment of comprehensive regional and national men's health policies, like the WHO European Region's Men's Health Strategy,¹⁷ which can contextualise, guide and interconnect individual health policy issues, including cancer.
- 2. Data.** Sex-disaggregated cancer data should be consistently collected and routinely published. It should be easily accessible to the general public, people living with cancer, patient advocates, clinicians and researchers. It is essential that data collection serves a purpose beyond mere accumulation; it should actively inform policy-making and clinical practice.
- 3. Prevention.** In addition to population-wide action on tobacco, alcohol and hazardous workplaces, cancer prevention initiatives need to consider and target men and boys explicitly. Public information and education campaigns, smoking cessation activities, programmes addressing risky alcohol consumption, weight management interventions and other health promotion work should all be tailored to suit the needs of men. There is now a wealth of well-evaluated good practice, such as Football Fans in Training in Scotland¹⁸ and Men on The Move in Ireland,¹⁹ that shows how men can be successfully engaged in health promotion.
- 4. Vaccination.** Boys and men must be actively included in vaccination programmes that can prevent cancer. HPV vaccination should be freely and easily available to all young males and the hepatitis B vaccine should be administered to all infants. Both these vaccines should also be readily available to high-risk groups, such as gay, bisexual and transgender men.
- 5. Diagnosis.** Earlier diagnosis is crucial for prompt and efficient treatment. All men should be offered screening for colorectal cancer and, as soon as is practicable, prostate cancer (which is usually symptom-free in its early stages). High-risk groups should have access to screening for lung and anal cancers. Young men should be educated about the importance of testicular self-examination and how best to do it. Addressing the barriers that men face in accessing primary care services is essential to ensure that any potential 'red flag' symptoms can be assessed and addressed sooner rather than later.
- 6. Treatment.** Men require improved access to suitable treatment and care throughout all stages of the cancer journey post-diagnosis, including rehabilitation, recurrence management and palliative care. Services, including those offering psychosocial support, should specifically target men and offer interventions tailored to address their unique needs.
- 7. Equity.** There must be a sustained focus on those men at greatest risk. This includes men who are ethnically and racially marginalised, on low-incomes, gay/bisexual/transgender or

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homeless, as well as other groups of men with particularly poor cancer outcomes. It is essential that Black men are targeted for prostate cancer screening and at a younger age than White men.²⁰ Policies and interventions concerning Universal Health Coverage should encompass men, particularly in middle- and low-income countries, to enhance access to healthcare services.

- 8. NGOs.** Both professional and patient non-governmental organisations play a critical role in providing a wide range of cancer services, including prevention, advice, education, psychological support and palliative care. Given their significant influence, it is essential that these organisations consider gender and men in their work. NGOs also serve as prominent advocates for policy and practice change and can help to make the case for men's needs to be properly met.
- 9. Training.** The cancer and public health workforce, including the clinical workforce, needs access to information, guidance, training and support to improve cancer policy and services for men. It is imperative that gender and men's health is integrated into formal training and continuing education programs.
- 10. Research.** We call for substantial increases in investment by governments and other funders in both clinical and social research that aims to improve men's cancer and other health outcomes. GAMH believes that more countries should develop research hubs similar to the National Centre for Men's Health in Ireland or the Men's Health Research Program at the University of British Columbia in Canada.

Making a difference

The need for action is urgent. Cancer incidence and mortality in men is predicted to increase in every continent over the next 25 years.²¹ Africa will see the biggest increase with a 135% rise in new cases between 2022 and 2050 in men aged under 75. Cases will be up by 68% in Latin America and the Caribbean. Globally, there will be 41% increase in male cases. The number of prostate cancer cases alone will more than double – from 1.4 to 2.9 million – between 2020 and 2040.⁷

But this is not inevitable. About 50% of male cancer deaths worldwide are due to behavioural risks such as smoking and drinking alcohol, for example, and are therefore potentially preventable through behavioural and policy interventions.²² Prostate cancer screening programmes could reduce mortality from the disease by over 20%.²³ 72,000 male cancer cases a year can be eliminated by HPV vaccination.²⁴

Taking all the actions highlighted in this Charter would, over time, stop many millions of men unnecessarily suffering and dying from cancer. Men's partners, families, communities and workplaces would benefit too and, of course, the financial costs to health systems and the broader economy would be significantly reduced.²⁵

Cancer in men is an issue that has been neglected for too long. Now is the time to take decisive action to put this right.

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Global Action on Men's Health

GAMH was established in 2013, launched during International Men's Health Week in June 2014 and registered as a UK-based charity in May 2019. GAMH brings together organisations and others with an interest in men's health in a global advocacy network. Its mission is to create a world where all men and boys have the opportunity to achieve the best possible health and wellbeing wherever they live and whatever their backgrounds.

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