

TIME TO ACCELERATE: ACTION ON MEN AND CANCER

A ROADMAP FOR IMPROVEMENT

There is an urgent need for action on gender-related cancer inequalities.

The 'Time to Accelerate' [European Cancer Manifesto for 2024](#)¹, endorsed by more than 55 organisations and politicians at the time of writing, states:

“Gender related inequalities in cancer policy should be recognised and responded to in the further implementation of Europe’s Beating Cancer Plan and the EU Research Mission on Cancer. This includes, but is not limited to [...] responding to data on gender related cancer inequalities, in fields such as prevention and clinical trial participation, with more targeted and gender sensitive policy responses.”

What follows is a complementary statement for the 2024 European Parliament election setting out how the *Time to Accelerate* recommendations for gender-sensitive cancer policy can be taken forward in the context of men and cancer. **It is also a contribution towards efforts to implement the WHO European Region’s Men’s Health Strategy**² in relation to cancer.

The *Time to Accelerate: Action on Men and Cancer* Roadmap for Improvement has been developed with the help and support of Global Action on Men’s Health (GAMH) and the European Association of Urology (EAU). ECO, GAMH and EAU fully recommend further action be addressed as well to improve women’s cancer outcomes³.

¹ <https://www.europecancer.org/manifesto>

² <https://www.who.int/europe/publications/i/item/WHO-EURO-2018-4209-43968-61973>

³ See, for example, a recent *Lancet Commission: Women, power, and cancer*, <https://www.thelancet.com/commissions/women-power-and-cancer>

SUMMARY

1. Cancer prevention: the case for male-targeted approaches

Unlock the potential of male-targeted health promotion and cancer prevention. Ensure gender-neutral HPV vaccination in all countries.

2. Getting checked, getting diagnosed: lifting male-associated barriers

A multi-pronged approach for improving early detection for men and cancer, including male-targeted health information and more flexible access hours for GP and health services.

3. Overcoming old stigmas: men and psychosocial support

Targeted approaches to improve male participation in accessing psychosocial support including one-to-one peer support and anonymised access points for help (e.g. Apps and webchats).

4. Europe's Beating Cancer Plan: a chance to get it right on prostate cancer

Support for achieving EU Council Recommendations on Cancer Screening (prostate) and a European Commission Prostate Cancer Initiative covering the entire pathway, including prevention, diagnosis, treatment, rehabilitation, management of recurrence and palliative care.

5. Men and Cancer: the equity intersections

Improved understanding and response to the needs of particular groups of men at risk of getting cancer and experiencing poorer outcomes, such as men in ethnic marginalised communities, the LGBTQIA+ community, and/or with low incomes, as well as living in rural areas.

6. Men and Cancer: improving the knowledge

Routine and comprehensive data collection and analysis covering sex and gender. Accelerated research into men and cancer (both clinical and social).

7. Men and Cancer: National Cancer Plans

National cancer plans that tackle gender-specific needs, including for men. Cancer organisations – professional and patient – to take account of gender and men in their work.

8. Men and Cancer: growing the response

Information and training for policymakers and practitioners on improving cancer policy and services for men.

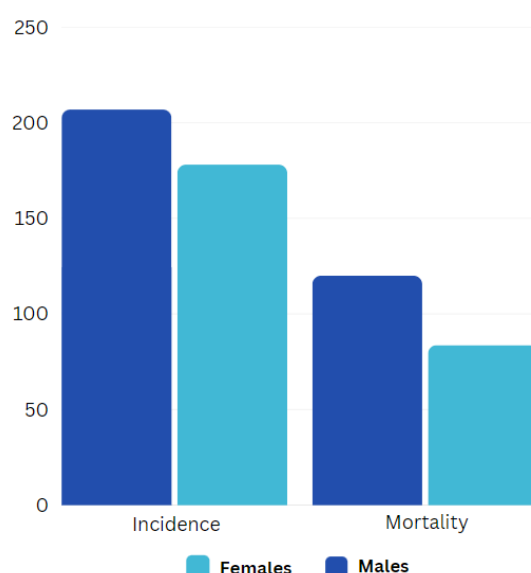
Men and Cancer: data insights

Statistics show that, compared to women, men bear an excess burden of cancer in terms of higher incidence and mortality⁴. In other words, men are more likely to develop cancer and are more likely to die from it. The reasons are partly biological but also relate to factors related to cancer prevention^{5,6}. In general, men are liable to riskier health behaviours⁷, have lower levels of health literacy⁸, and, in respect to achieving early diagnosis and appropriate care, may experience particular barriers in respect to primary care access⁹.

In the *Time to Accelerate: Action on Men and Cancer* Roadmap for Improvement, our organisations call for the improvement of men's cancer outcomes through policy and male-targeted public health interventions. Set out below are some of the evidence of need and recommendations for action.

Across Europe, men are significantly more affected by cancer than women, with a 1.16-fold higher incidence and 1.43-fold mortality rates reported across the WHO Europe region.

Cancer incidence and mortality - ASR per 100.000, WHO Europe, all ages



Source: GLOBOCAN 2020

⁴ For example, in the EU-27 in 2020, there were 1.44 million cancer cases in men and 1.24 million in women. 705,000 men died from cancer compared to 555,000 women. See our Action Report on Men and Cancer: [Raising the issues](#). Other relevant source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8568058/>

⁵ Kim et al. Sex differences in cancer: Epidemiology, Genetics and therapy: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6029678/>

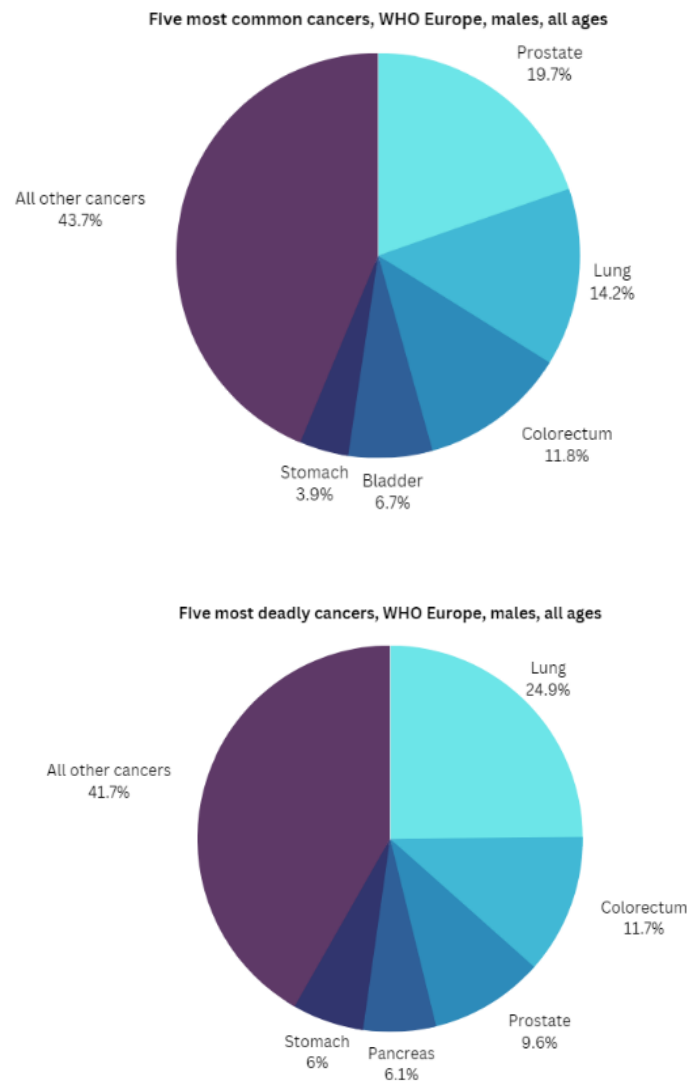
⁶ Czaderny et al. Gender gap in cancer prevention and mortality. A multidimensional analysis. <https://www.tandfonline.com/doi/full/10.1080/13685538.2019.1600495>

⁷ For example, men are more likely to engage in drug experimentation and gambling, consume more alcohol especially when they are young, and smoke more heavily and more often than women (Adam et al., 2016; Husky et al., 2015; McCartney et al., 2011; Neufeld et al., 2005).

⁸ <https://www.menshealthforum.org.uk/key-data-understanding-health-and-access-services>

⁹ <https://info.primarycare.hms.harvard.edu/review/men-primary-care>

Prostate and lung cancer are the most common cancers in men. Men are also significantly affected by other cancer types, such as colorectal, bladder, stomach, and pancreatic cancer. For example, the incidence of bladder cancer is nearly four times higher in men than in women¹⁰.

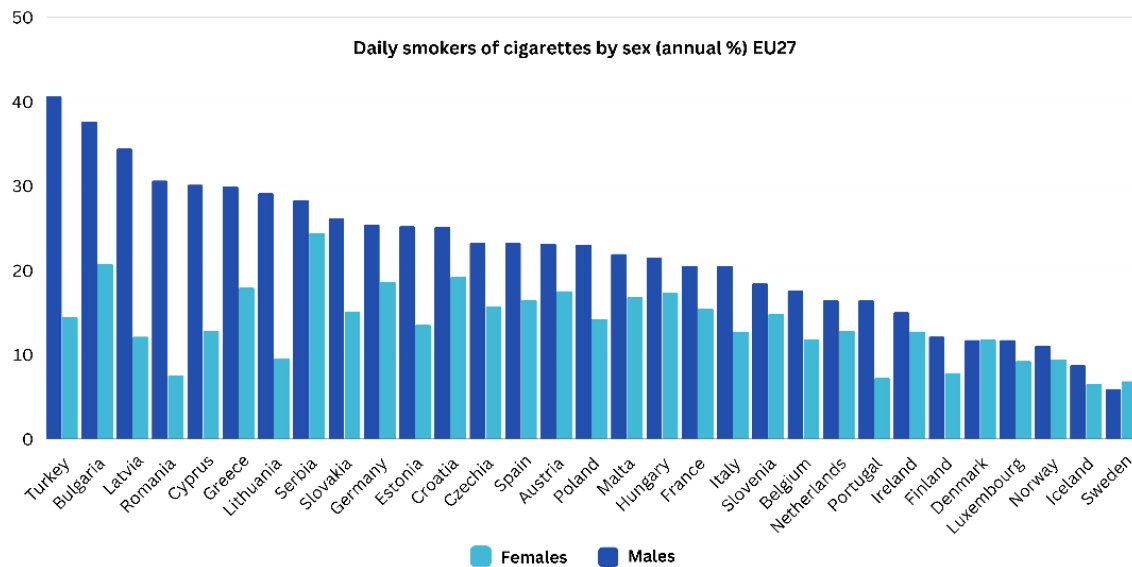


Source: GLOBOCAN 2020

Tobacco use and alcohol consumption are the two behavioural risk factors which have the biggest impact on men’s cancer incidence across all the countries in the WHO Europe

¹⁰ Referenced in: World Bladder Cancer Patient Coalition, European Association of Urology (2023) White Paper on Bladder Cancer: Policy recommendations to leverage legislative opportunities for better support of patients and carers affected by bladder cancer in Europe. Available online, worldbladdercancer.org/wp-content/uploads/2023/09/Bladder_Cancer-White_Paper-Final.pdf Original source: Sattam A Halaseh et al. (2022) A review of Etiology and Epidemiology of bladder cancer: all you need to know, Cureus. 2022 Jul 27;14(7):e27330.

region. Their prevalence is much greater in men than in women, with a 1.5-fold difference in the annual percentage of daily smokers of cigarettes for instance. This difference however varies importantly across European countries, from 2.82-fold in Turkey to 1.34-fold in Iceland.



Source: EUROSTAT [here](#)

The European Cancer Inequalities Registry (ECIR) shows that estimated cancer deaths attributable to occupational carcinogens are consistently higher among men than among women. This has been cited as due to gendered patterns of work and also partly due to men taking more risks by not following safety guidelines¹¹. As an example, in Portugal, estimated deaths related to occupational carcinogens for men are 6.9 per 100,000 compared to 0.6 for women. In Belgium, estimated deaths related to occupational carcinogens for men are 25.9, compared to 2.6 for women¹².

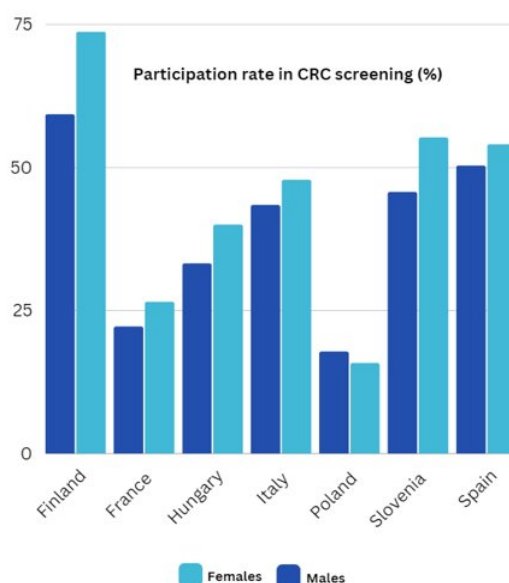
Boys are still not vaccinated against HPV in many European countries even though over 20% of males are infected with a high-risk (oncogenic) HPV type and over 20% of HPV-caused cancers are in men.

There is some evidence to suggest men participate in cancer screening at lower rates than women. In colorectal cancer screening, for instance, participation rates are lower for men in six out the seven European countries with currently available data¹³. This is despite the fact that men have higher rates of colorectal cancer.

¹¹ <https://pubmed.ncbi.nlm.nih.gov/27239098/>

¹² <https://cancer-inequalities.jrc.ec.europa.eu/data-tool-by-sex?ind=ESTDOCCC&ctr=EU27%2CBE%2CBG%2CCZ%2CDK%2CDE%2CEE%2CIE%2CEL%2CES%2CFR%2CHR%2CIT%2CCY%2CLV%2CLT%2CLU%2CHU%2CMT%2CNL%2CAT%2CPL%2CPT%2CRO%2CSI%2CSK%2CFI%2CSE%2CIS%2CNO>

¹³ <https://canscreen5.iarc.fr/index.php?page=analysis&TYPE=GRAPHIC&CONTINENT=4&FOCUS=C&CANCERSITE=COLON&INDICATOR=PR&TEST=0&GENDER=M>



Source: CanScreen5

The *Time to Accelerate: Action on Men and Cancer* Roadmap for Improvement recommends eight key areas for policy attention that, if addressed, could significantly reduce the number of men with cancer and save lives.

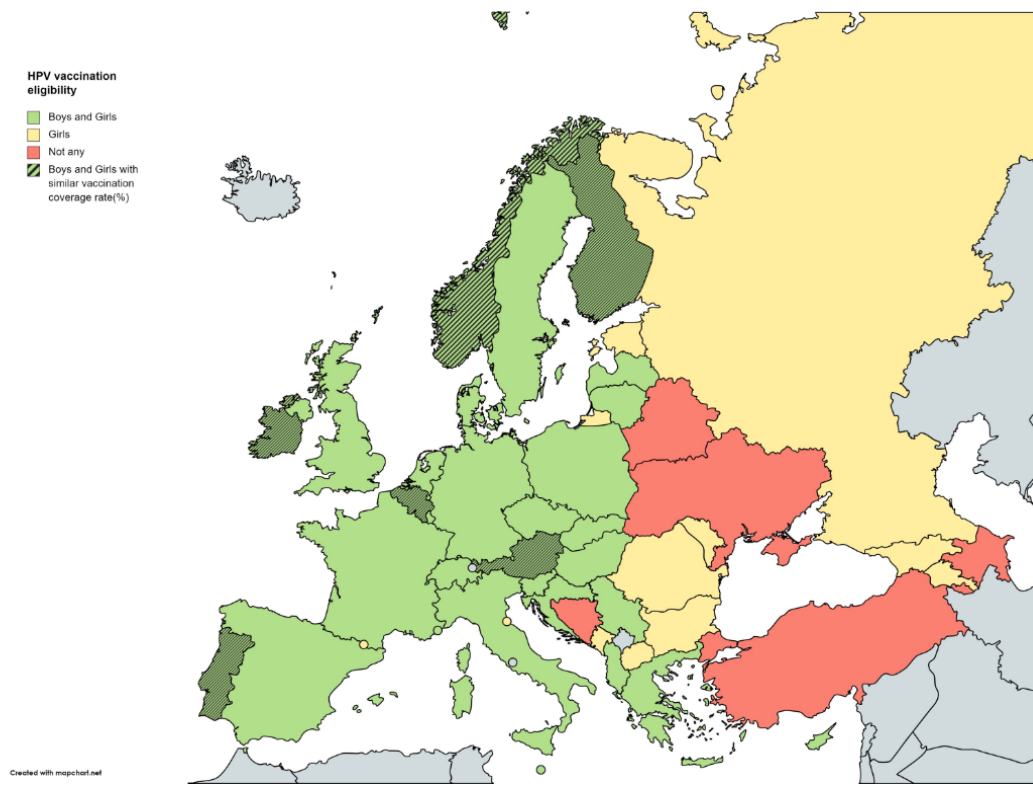
1. Cancer prevention: the case for male-targeted approaches

Strong universal cancer prevention policy in all countries can play a vital role in reducing incidence for all groups in society. For this reason, population-wide interventions, such as those recommended in the *Time to Accelerate* European Cancer Manifesto for 2024, are strongly supported. This includes, but is not limited to: working towards an agreed pan European minimum age for tobacco sales of 21 ('tobacco 21'); introducing mandatory health warning labels on alcoholic beverages, and front of pack nutritional labelling for food products. See the full set of *Time to Accelerate* cancer prevention recommendations here: <https://www.europecancer.org/manifesto>

However, alongside these, gender sensitive education and awareness raising approaches can heighten the impact of cancer prevention policies. The European Fans in Training (EUROFIT) initiative, a health and wellbeing programme for male football fans aged 30–65, is a good example of an evidence-based approach that works with men. Indeed, the results of a randomised trial of the participants in its 12-week healthy lifestyle program delivered in 15 professional football clubs in the Netherlands, Norway, Portugal, and the United Kingdom, successfully increased physical activity and improved diet.

Gender-neutral HPV vaccination is an essential primary prevention intervention as it targets all HPV-caused cancers in women and men. Gender-neutral HPV vaccination programmes are still unequally adopted across Europe. In many Eastern and South-Eastern European countries in particular, boys are still being excluded from programmes.

Only six European countries achieve similar ranges of vaccination coverage rates among boys and girls¹⁴. Vaccination programmes against Hepatitis B can also reduce men's higher liver cancer rates¹⁵.



Source: EPF HPV index [here](#)

2. Getting checked, getting diagnosed: lifting male-associated barriers

Late cancer diagnosis in men can be tackled by a combination of education and awareness-raising (to improve symptom awareness), better access to primary care services and higher uptake of screening services.

Men tend to access primary care services less than women. This is especially the case for men of working age¹⁶. This could be tackled by more flexible opening hours (which are better aligned with working hours), easier-to-use appointment booking systems, and shorter waiting times for appointments. Even small changes in clinic waiting rooms – such as displaying more literature specifically aimed at men – could help to ensure a stronger connection and identification with the relevant information.

¹⁴ https://www.epfweb.org/sites/default/files/2023-08/HPV%20Atlas_EN%202023-JUN19.pdf

¹⁵ The global age-standardized incidence rate for liver cancer is 14.1 per 100,000 for males and 5.2 per 100,000 for females <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9829497/>

¹⁶ https://eige.europa.eu/gender-mainstreaming/policy-areas/health?language_content_entity=en#:~:text=There%20is%20evidence%20that%20some,accessible%20to%20many%20working%20men.

The most commonly available cancer screening service, for colorectal cancer, is used less often by men than women, despite men being more likely to develop this form of cancer. Men's uptake could be improved by the provision of male-targeted information, more personalised invitations to participate, such as from men's own GPs and psychosocial support.

3. Overcoming old stigmas: men and psychosocial support

Every cancer patient in Europe should understand they have rights. As stated in the European Code of Cancer Practice¹⁷, this should include an understanding of having rights to:

- Specialised multidisciplinary care;
- Support with maintaining quality of life; and,
- Receipt of survivorship and rehabilitation support.

Old dogmas and stigmas sadly persist among much of the male population in respect to reaching out for help. Too many men continue to consider reaching out for help as showing a sign of weakness.

Yet when it comes to any individual's journey with cancer, access to services such as psychological support is essential in being able to face significant cancer-related problems such as depression and anxiety, financial and work-related problems, and family pressures. The support needs of men can be better met by the provision of more male-targeted information-based resources, as well as anonymised sources of support including apps, webchat, and telephone helplines. Peer support for men with cancer also has a role, particularly one-to-one rather than in groups.

4. Europe's Beating Cancer Plan: a chance to get it right on prostate cancer

More men are now living with prostate cancer than with any other cancer¹⁸.

Welcome developments in the field of prostate cancer in recent years have included the recognition within the latest EU Council Recommendations on Cancer Screening that national screening programmes extend coverage to prostate cancer. *Time to Accelerate: Action on Men and Cancer* re-emphasises the calls within the *Time to Accelerate* European Cancer Manifesto for 2024¹⁹ for universal actions by the EU to support national awareness of these recommendations as well as public reporting of their implementation.

Early diagnosis through screening which utilises enhanced risk stratification and Multiparametric magnetic resonance imaging (mpMRI) scanning is of particular importance, as, in its early stages, prostate cancer usually has no symptoms, and

¹⁷ <https://www.europeancancer.org/2-standard/66-european-code-of-cancer-practice>

¹⁸ GLOBOCAN 2020: <https://gco.iarc.fr/>

¹⁹ <https://www.europeancancer.org/manifesto>

assessment is required of how aggressive the cancer is. Men's views should be taken into account when new diagnostic technologies are being developed and introduced in clinics.

To meet the scale of the prostate cancer challenge, and drive improvement in all countries, *Time to Accelerate: Action on Men and Cancer* strongly recommends that a comprehensive European Commission Initiative on Prostate Cancer be established.

This would mirror the already existing European Commission Initiative on Breast Cancer²⁰. Its scope should cover the entire pathway, including prevention, diagnosis, treatment, rehabilitation, management of recurrence and palliative care.

5. Men and Cancer: the equity intersections

Time to Accelerate: Action on Men and Cancer draws attention to some of the specific groups of men with particular associations to risk of poorer outcomes. These groups include men from ethnic marginalised communities, men who are homeless²¹, the LGBTQIA+ community, and/or with low incomes, as well as living in rural areas. Much more can be done, including tackling discrimination and stigma, to improve prevention, increase early presentation to primary care services, and address low uptake of screening. It is also crucial to address inequalities in men's cancer outcomes between countries. Comprehensive and up-to-date education encompassing all perspectives, from ethnicity to gender identity, should be provided to cancer care professionals to deliver equal, optimal and personalised care to every individual.

In future iterations of reporting and monitoring exercises such as the European Cancer Inequalities Registry, it would be beneficial if such inter-sections could come through in the data reporting. It also reemphasises the importance of strong cancer registry reporting, inclusive of data fields such as patient ethnicity²². As stated clearly in the Inequalities section of the *Time to Accelerate* European Cancer Manifesto for 2024²³, without such information collection critical data insights are lost.

ECO's Inequalities Network has also constructed a workstream to give consideration to the needs of LGBTQI in cancer care, which includes particularities such as the experiences and needs of transgender men e.g. requiring screening for cervical cancer²⁴.

²⁰ <https://healthcare-quality.jrc.ec.europa.eu/en/ecibc#:~:text=The%20European%20Commission%20Initiative%20on,guidance%20on%20screening%20and%20care.>

²¹ For more information, see the FEANTSA Cancerless project

<https://www.feantsa.org/en/project/2022/02/03/the-cancerless-project?bcParent=418>

²² Where legal barriers do not prevent it.

²³ <https://www.europeancancer.org/manifesto>

²⁴ To find out more and to connect with the ECO Inequalities Network LGBTQI workstream visit

<https://www.europeancancer.org/topic-networks/7:inequalities.html>

6. Men and Cancer: improving the knowledge

More research is needed into the needs of men throughout the cancer pathway and on 'what works' to improve outcomes from both a clinical and a public health perspective. An essential first step is the routine and comprehensive collection and analysis of sex-disaggregated data. It is strongly recommended that the European Cancer Inequalities Registry²⁵ and the European Cancer Pulse²⁶ databases be used as a resource for analysis and improving cancer policy response in all countries.

7. Men and Cancer: National Cancer Plans

All countries are encouraged to hold and operate continually updated and publicly monitored national cancer plans. National cancer plans should seek to address gender-specific needs in cancer care, including those of men. Equally, cancer organisations – professional and patient – are encouraged to take account of gender-associated needs in their scientific, research, policy and advocacy work. National men's health policies, such as the policy adopted successfully by Ireland in 2008, can have a catalytic effect by focusing public, political and professional attention on an improved approach towards men's health and setting out a clear implementation plan. The WHO European Region's men's health strategy²⁷, adopted by its 53 member states in 2018, provides a useful framework for policy development.

8. Men and Cancer: Growing the response

To address the excess burden of cancer in men requires not only resources, but tools such as training and guidance. There is currently virtually no pre-qualification or post-qualification education and training available for clinicians on non-clinical issues affecting men's health in the field of cancer. This should be corrected by including gender (meaning all genders) in relevant curricula. Training and guidance should be developed which taps into the expertise already available in both academic and civil society organisations.

The European Cancer Organisation, Global Action on Men's Health, the European Association of Urology, and other partner organisations recommend *Time to Accelerate: Action on Men and Cancer*, its evidence and its calls to action, to decision-makers at the European and national levels.

²⁵ <https://cancer-inequalities.jrc.ec.europa.eu/>

²⁶ <https://www.europecancer.org/pulse>

²⁷ <https://www.who.int/europe/publications/i/item/WHO-EURO-2018-4209-43968-61973>