



Men and Cancer: Raising the Issues

ACTION REPORT



Inequalities Network



The Inequalities Network is one of the European Cancer Organisation's Focused Topic Networks, established as part of our Strategy for 2020-2023. The Inequalities Network was launched in July 2020.

More information is available on our website.

If you would like to find out more about the Inequalities Network, please contact us at: info@europeancancer.org

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Acknowledgements

This report was produced by the European Cancer Organisation and is based upon the Community 365 Roundtable Meeting on the topic of Men and Cancer held on 28 April 2022.

Its content and arising recommendations have been produced in line with the European Cancer Organisation's Policy Approval Pathway process.^a The decision to initiate a Community 365 Roundtable on this topic was taken in the context of the strong focus that the ECO Inequalities Network places on the breadth of inequality issues present within European cancer care, including in relation to gender. The Inequalities Network comprises representatives drawn from ECO's Member Societies, Patient Advisory Committee members, Community 365^b and other invited stakeholders.

We thank all those who provided their time and expertise for the Roundtable, gave comments and suggestions towards the completion of this summary, and who continue to support the work of the European Cancer Organisation in raising awareness and achieving high-level discussion and actions on men and cancer.

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- a. European Cancer Organisation's Policy Decision Making Process. <https://www.europecancer.org/2-uncategorised/24-policy-decision-making>
- b. Community 365 is a group of charity, philanthropy, and industry contributors to the Focused Topic Networks of the European Cancer Organisation. Community 365 provide ideas, guidance, practical support, and resources for our work in convening stakeholders and building consensus in the European cancer community. Community 365 contributors do not have a decision-making role in our policy work. Rather, policies of the European Cancer Organisation, such as those represented in this document, are agreed by our Board after consultation with our Member Societies and Patient Advisory Committee, via our Policy Pathway process. More information here: www.europecancer.org/community-365

Executive Summary

The Men and Cancer Roundtable 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. The Roundtable aimed to raise awareness of the ways in which health and cancer policies and services can more effectively take account of the male experience 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.

Men bear an excess burden of cancer, in terms of both incidence and mortality. 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. Excluding breast cancer (which is rare in men) and the sex-specific cancers (such as cervical and prostate cancers), the incidence and mortality rates for all cancers are higher in men except for thyroid and gallbladder cancers.

But this significant inequality is rarely acknowledged or discussed by policy makers or service providers. Consequently, action is rarely taken to address and tackle it. The Roundtable aimed to change this.

Four key recommendations emerged from the Roundtable:

1. 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. Cancer in men must be considered alongside cancer in women and there is no binary choice to be made between the genders.
2. A male-targeted approach can help to change men's health behaviours and improve their use of services. There is good evidence that, for example, delivering health programmes at football stadia can make a positive difference to weight loss and physical activity. New technologies, such as virtual reality gaming, may have a role. GPs can also take opportunities to discuss cancer prevention and opportunities for early diagnosis when seeing men for other issues.
3. 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. Screening should form a central part of a new European Prostate Cancer Initiative.
4. Tailored policy responses on men and cancer are required at the European and national levels. These include gender-neutral HPV vaccination programmes in every country, improving health literacy in males from an early age, the development of national men's health policies (as already exist in Ireland and several other non-European countries) and including gender as a core indicator in cancer and wider health policies

ECO and its Inequalities Network will now work to translate the Roundtable's recommendations into policy development and advocacy work

Introduction

Matti Aapro, Immediate Past-President, European Cancer Organisation

Men's health in the European region is far poorer than it could or should be, and men's health is generally a neglected policy area, for both cancer and health more broadly. Male life expectancy, which is now 75 years, is six years shorter than female life expectancy, and the excess burden of cancer incidence and mortality in men is a significant part of the problem. 1.2 million men die each year from cancer across the European region compared to 940,000 women.¹ A man has a 15% risk of dying from cancer before the age of 75; a woman has a 9% risk. Each year in Europe, almost 475,000 men are diagnosed with prostate cancer alone, and over 114,000 die.

Men are more likely to be at risk of cancer because they smoke, drink alcohol at unsafe levels, eat a less healthy diet, work in more hazardous occupations, and do not use sunscreens. They are generally less aware of cancer symptoms than women and more likely to delay help-seeking. As such, there is a need to address aspects of behaviour change in the male population.

There are also gaps in cancer services for men. Primary care services are less accessible to many men, especially men of working age, health promotion messaging is rarely 'male-friendly' and few health policies address men's needs specifically. Most countries in the European region do not offer HPV vaccinations to boys. Men's health generally, and specifically the topic of men and cancer, are largely overlooked inequality issues.

More positively, Europe's Beating Cancer Plan² and the new EU Cancer Inequalities Registry,³ have created an excellent opportunity to address the issues affecting men as well as women. The WHO Europe Strategy on the health and well-being of men in the region also provides a framework for taking action to improve men's cancer outcomes.⁴

The Community 365 Roundtable Meeting on Men and Cancer brought together policy makers, healthcare professionals, patient advocates and other participants concerned about the health and wellbeing of men, cancer outcomes, and health inequalities. It aimed to:

- Increase awareness in the cancer and wider health community about the excess cancer burden in men in Europe.
- Identify what can be done to improve men's cancer outcomes in terms of practice and policy.
- Explore policy opportunities for improving the outcomes of those with prostate cancer.
- Suggest next steps in strategic and policy development for ECO and others.

Men's Health and the Excess Burden of Cancer

This session was chaired by **Matti Aapro**, Immediate Past-President, European Cancer Organisation

Participant:

- **Tadeusz Dyba**, Scientific Officer, Health in Society, Joint Research Centre, European Commission

Key Points:

- Cancer incidence is more common in men than women. In the EU-27 in 2020, there were 1.44 million cancer cases in men and 1.24 million cancer cases in women.⁵
- In the EU-27, there were approximately 705,000 estimated deaths for men compared with 555,000 for women in 2020.
- The most common cancers in men were prostate (23% of all cancer cases), lung (14%) and colorectal (13%). Breast cancer was the most common cancer in women (29%) followed by colorectal (12%) and lung (9%).

- Men have higher incidence and mortality from all the cancers affecting both sexes except gallbladder and thyroid (and breast cancer, which is rare in men).
- There are marked geographic variations in men's cancer incidence and mortality. For example, prostate cancer incidence rates in Ireland are 56% higher than the EU-27 average while rates in Romania are 36% lower. Lung cancer mortality rates in Hungary are 42% higher than the average whereas they are 54% lower in Sweden.

Figure 1. 2020 estimated incidence in EU-27, women versus men

2020 estimated incidence in EU-27, women versus men Age standardised rate and sex ratio by cancer

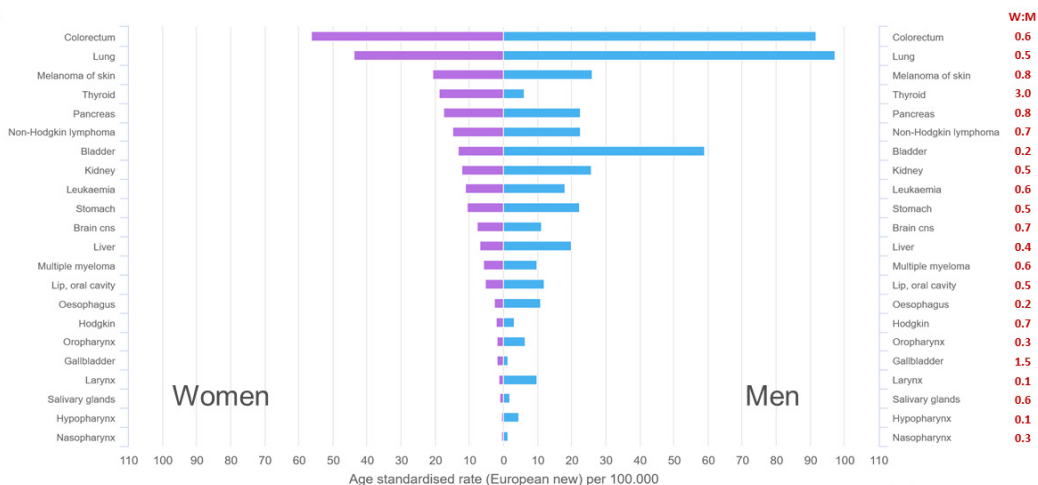
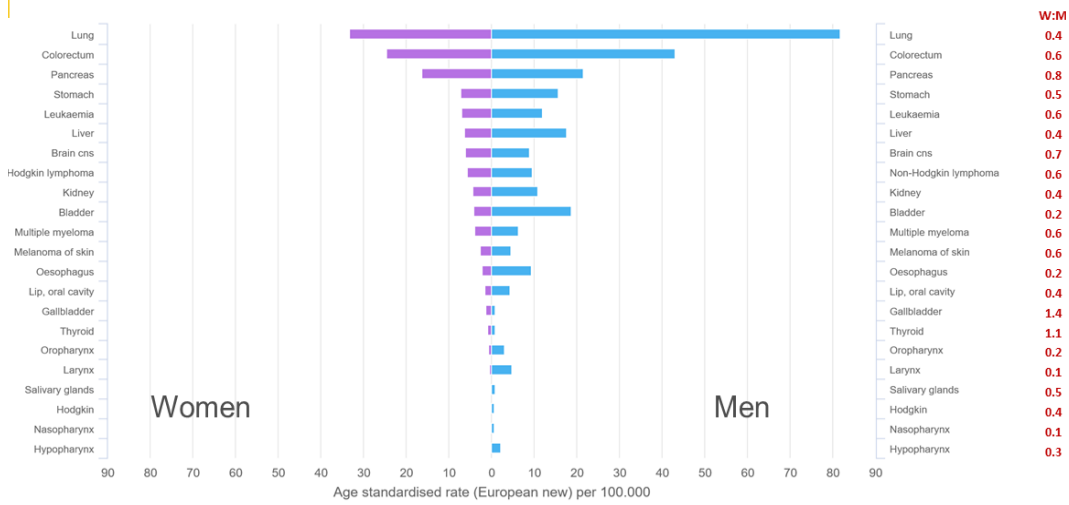


Figure 2. 2020 estimated mortality in EU-27, women versus men

2020 estimated mortality in EU-27, women versus men

Age standardised rate and sex ratio by cancer



Prevention and Service Delivery: What Needs to Change?

This session was chaired by **Peter Baker**, HPV Action Network Consultant, European Cancer Organisation, and Director, Global Action on Men's Health

Participants:

- **Giancarlo Benelli**, Head of International Markets, Advanced Accelerator Applications (AAA), Novartis
- **Christopher Bunn**, Lecturer in Sociology, University of Glasgow
- **Mohamad Saab**, Lecturer, Cancer and Men's Health Researcher, Sexual Health Advocate, University College Cork, Ireland
- **Mehmet Ungan**, Past-President, WONCA Europe, and Professor, Ankara University School of Medicine, Department of Family Medicine

Key points:

- Men seek less help from health services than women, in particular for cancer symptoms. For many, this is because of fear of a cancer diagnosis. But men are not 'a hopeless case' and there is evidence to show that their access can be improved.
- A range of novel outreach methods have been used to engage men, including young men. Virtual reality (VR) gaming technologies have been effective for improving men's awareness of testicular cancer, for example.⁶
- For men over 50, research on lung cancer awareness showed that men are more likely to seek medical help for symptoms of lung cancer if health promotion interventions are 'SWIFT': Simple, clear, and honest; Worded positively; Incorporate a shock element; Feature a celebrity or a familiar face; and are Targeted towards their age group. In terms of format, such interventions are more likely to work if they are delivered by the government (eg. through national campaigns) and delivered using multiple modes (audio-visual, social media, newspapers, banners, etc.) to cater for men who have various levels of literacy and health literacy.⁷
- The Football Fans in Training⁸ and EuroFIT⁹ initiatives have shown how personalised

12-week programmes delivered at professional football clubs across several European countries have successfully supported men to become more physically active and lose weight. This type of activity reduces the fear of using health services by making it fun and engaging. For many men, the football club is a central point of identity and cultural participation. Men can frame their activity as "I'm going to train with my club" instead of "I'm going to Weight Watchers." These programmes create a team-based environment of "mates" or friends and coaches are encouraged to engage in banter and humour, helping to create a safe space where men can discuss the steps they are taking to improve their healthy behaviours. S.L. Benfica received over 4,000 enquiries about just 120 participant places.

- Results from Football Fans in Training demonstrate a 5% weight loss maintained at 12 months, a very successful outcome for weight management programmes. The EuroFIT programme has achieved an average increase of 700 steps per day at 12 months. Both programmes have achieved long-term change.
- Workplaces are another excellent setting for engaging men in health activities.
- It is also important to improve men's attendance at general practice. Men are also less likely to pursue preventative health visits or undergo screening tests than women. In some countries, particularly in southern Europe, there are particular barriers concerning taboos about sexual dysfunction and other issues related to the genito-urinary or anal areas. One useful approach is for GPs to discuss cancer prevention and opportunities for early diagnosis with male patients when they attend for another problem.
- Stigma around help-seeking and cancer in men must be addressed. An effort is needed to shift social norms so that men perceive taking care of their health to be a strength rather than a weakness.
- Improving health education for boys and young men in schools is important.

A Case-Study. Prostate Cancer: Screening and Treatment

This session was chaired by **Matti Aapro**, Immediate Past-President, European Cancer Organisation

Participants:

- **Professor Hendrik Van Poppel**, Co-Chair, Inequalities Network, European Cancer Organisation
- **Ernst-Günther Carl**, Vice-Chairman, Europa Uomo
- **Greg Friberg**, Vice President, Medical Affairs for Europe, Latin America, Middle East, Africa, and Canada (the ELMAC Region), Amgen

Key points:

- While prostate cancer is the most common male cancer in Europe, screening is not currently recommended.
- The European Code Against Cancer mentions only bowel cancer screening for men (and women).¹⁰
- After PSA (prostate specific antigen) testing was introduced, prostate cancer cases were detected earlier and mortality rates fell. From the perspective of five-year survival rates, no other cancer improved more than prostate. However, PSA testing became discouraged because clinicians were unable to distinguish between aggressive and non-aggressive tumours resulting in many cases of unnecessary treatment with side-effects impacting seriously on the quality of men's lives. As a consequence, prostate cancer mortality has risen in recent years. The number of new cases of metastatic prostate cancer increased by 72% in the USA from 2004 to 2013.¹¹
- The financial costs of treating advanced prostate cancer are very significant. Drugs and supportive care during the last 2-4 years of life can cost around €240k per patient.
- There is now an opportunity to introduce screening while avoiding over-diagnosis. Risk-based PSA testing can be followed by multivariable risk stratification with risk calculators. All men who are classified to be

at intermediate and high risk are then offered prostate MRI. The combined data from risk calculators and MRI results can be used to select men for prostate biopsy. Low-risk men return to a risk-based safety net that includes individualised PSA-interval tests and, if necessary, repeated MRI. This approach decreases the number of biopsies, detects more significant and fewer insignificant cancers, minimises unnecessary treatments, and saves money.

- The European Commission should take account of the European Association of Urology (EAU) guideline on Early Detection of Prostate Cancer in 2020 and Beyond: Facts and Recommendations for the European Union and the European Commission¹² and revise its 2003 screening guidelines (which did not recommend screening because of concerns about over-diagnosis) to take account of the new evidence. A systematic approach to the early detection of prostate cancer across Europe is required as part of a new European Prostate Cancer Initiative, modeled on the European Breast Cancer Initiative.
- It is important for patients with advanced prostate cancer to be able to access new and emerging treatments like radioligands.
- There is emerging evidence that diet (including less red meat and more cooked tomatoes), physical activity and some exposure to the sun could help to prevent prostate cancer.
- There is also a need for much better education about prostate cancer for men. If men are to report symptoms and take up opportunities for screening, they have to have a much better understanding of prostate cancer, including that long-term survival is possible for many.

Policy Responses: National and Regional

This session was chaired by **Peter Baker**, HPV Action Network Consultant, European Cancer Organisation, and Director, Global Action on Men's Health

Participants:

- **Robert Greene**, President, HungerNdThirst Foundation
- **Rachel Morrogh**, Director of Advocacy, Irish Cancer Society
- **Richard Price**, Head of Policy, European Cancer Organisation
- **Annette Stolz**, Global Head of Government Affairs, Advanced Accelerator Applications (AAA), Novartis
- **Martin Tod**, CEO, Men's Health Forum, Great Britain

Key points:

- There is an absence of men's health in global and national health strategies. A global men's health strategy would be helpful as would global strategies on cancer that include men's health. In fact, all health topics should be viewed through a gendered lens.
- Ireland's national men's health policy, launched in 2008 (and the first in the world), highlights what can be achieved by an evidence-based policy-led approach focusing on men.¹³ It has helped to reduce male death rates, encourage men to adopt healthier lifestyles, increase the uptake of screening programmes, and improve health literacy and help-seeking behaviours.
- A senior government official with responsibility for men's health could help to drive a more targeted approach.
- Europe's Beating Cancer Plan has created new opportunities to take a gendered approach. Its support for gender-neutral HPV vaccination is particularly significant. Not vaccinating boys as well as girls is a form of gender discrimination.
- More research is needed on gender differences in the uptake of screening programmes to ensure that the engagement of men and women is optimised.

- Gender should be included as a core indicator in the EU's Inequalities Registry to help guide policy.
- Return-to-work initiatives for cancer survivors, including in male-dominated industries such as construction and agriculture, present opportunities for action.
- A European Prostate Cancer Initiative is required, similar to the Breast Cancer Policy Initiative that addresses prevention, early diagnosis, care and treatment, including for advanced prostate cancer.
- A gender-specific approach can be built-in to health education. Males need better health education from an early age. Parents also require education so that they encourage their sons to talk about their health.

Concluding Remarks

Peter Baker, HPV Action Network Consultant, European Cancer Organisation, and Director, Global Action on Men's Health

Participants in this Roundtable clearly agreed that further work is needed to address men and cancer across Europe. The actions needed include a male-targeted approach to health promotion and service delivery, acting on the evidence for prostate cancer screening and launching a European Prostate Cancer Initiative, and a policy focus on men's health generally and men and cancer specifically.

Europe's Beating Cancer Plan, WHO Europe's regional men's health strategy and other policy initiatives have created new opportunities for the development of a male-targeted approach. The new European Commission's policy commitment to gender-neutral HPV vaccination on its own provides a major opportunity to prevent a significant number of cancers in men. ECO will now consider how it can take forward the Roundtable's recommendations and encourage other organisations to consider what they can also do to improve men's cancer outcomes across Europe.

References

1. IARC factsheet. <https://gco.iarc.fr/today/data/factsheets/populations/994-who-europe-region-euro-fact-sheets.pdf> (accessed 12 July 2022)
2. European Commission (2021). Europe's Beating Cancer Plan, Communication from the Commission to the European Parliament and the Council. https://health.ec.europa.eu/system/files/2022-02/eu_cancer-plan_en_0.pdf (accessed 12 July 2022)
3. European Commission. European Cancer Inequalities Registry. <https://cancer-inequalities.jrc.ec.europa.eu/> (accessed 12 July 2022)
4. WHO European Region (2018). Strategy on the health and well-being of men in the WHO European Region. https://www.euro.who.int/__data/assets/pdf_file/0010/394894/MHR_strategy_Eng_online.pdf (accessed 12 July 2022)
5. Dyba T, Randi G, Bray F, Martos C, et al. The European cancer burden in 2020: Incidence and mortality estimates for 40 countries and 25 major cancers. *European Journal of Cancer* 2021;157:308-347. doi: 10.1016/j.ejca.2021.07.039
6. Saab MM., Landers M, Cooke E, Murphy D et al. Feasibility and usability of a virtual reality intervention to enhance men's awareness of testicular disorders (E-MAT). *Virtual Reality* 2019;23:169-178. doi.org/10.1007/s10055-018-0368-x
7. Saab MM, Kilty C, Noonan B, FitzGerlad S, et al. Public Health Messaging and Strategies to Promote "SWIFT" Lung Cancer Detection: a Qualitative Study Among High-Risk Individuals. *Journal of Cancer Education* 2020. doi.org/10.1007/s13187-020-01916-w
8. Football Fans in Training. <https://ffit.org.uk/> (accessed 12 July 2022)
9. European Fans in Training (EuroFIT). <https://healthystadia.eu/eurofit/> (accessed 12 July 2022).
10. IARC. European Code Against Cancer. <https://cancer-code-europe.iarc.fr/index.php/en/> (accessed 12 July 2022)
11. Weiner AB, Matulewicz RS, Eggener SE, Schaeffer EM. Increasing incidence of metastatic prostate cancer in the United States (2004-2013). *Prostate Cancer and Prostatic Diseases* 2016;19(4):395-397. doi: 10.1038/pcan.2016.30
12. Van Poppel H, Hogenhout R, Albers P, van den Bergh RCN, et al. Early Detection of Prostate Cancer in 2020 and Beyond: Facts and Recommendations for the European Union and the European Commission, *European Urology* 2021;79(3):327-329. doi.org/10.1016/j.eururo.2020.12.010
13. 13 Department of Health and Children (2008). National Men's Health Policy 2008-2013. <https://www.mhfi.org/menshealthpolicy.pdf> (accessed 12 July 2022).

Inequalities Network Participants

Member Organisations Part of this Network



Patient Organisations Part of this Network



Charities and Foundations Part of this Network



To view the latest list of the Inequalities Network participants, visit our website.

If you would like to find out more about the Inequalities Network, please contact us at: info@europeancancer.org



As the not-for-profit federation of member organisations working in cancer at a European level, the European Cancer Organisation convenes oncology professionals and patients to agree policy, advocate for positive change and speak up for the European cancer community.

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