

Closing the gender gap in cancer – the problem with men

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Penile cancer
Publication date: October 2012 Review date: October 2014

Penile cancer can start out as a tightening of the foreskin or a red blotch on the end of the penis (the glans) and can grow into a lump. The cancer can spread and affect parts of the groin called lymph nodes. As a rare cancer, with approximately 400 new diagnoses in the UK every year, this condition is treated by specialist centres that are spread out across the regions of the UK. The standard treatment is to surgically remove the cancer and any lymph nodes that affected. The larger the cancer, the greater the amount of penile tissue that needs removing, which means that surgery can have implications for sexual relations and going to the toilet. Nevertheless, the surgery is technically uncomplicated, most men quickly recover good physical health and the chances of cure are high. We interviewed 27 men about their experiences of this condition. Select from the key topics below, choose from the full list of topics, or explore all the interviews.

Signs and symptoms
Types of surgery
Recovery from surgery
Marriage, mental well-being and self-confidence
Using the toilet
Sex and relationships

People's Stories
People's stories: watch and hear all interviews

Penile Cancer
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Penile cancer
People's stories

Under 50
50-54
55-59
60-64
65-69
70-74
75-79
80 or over

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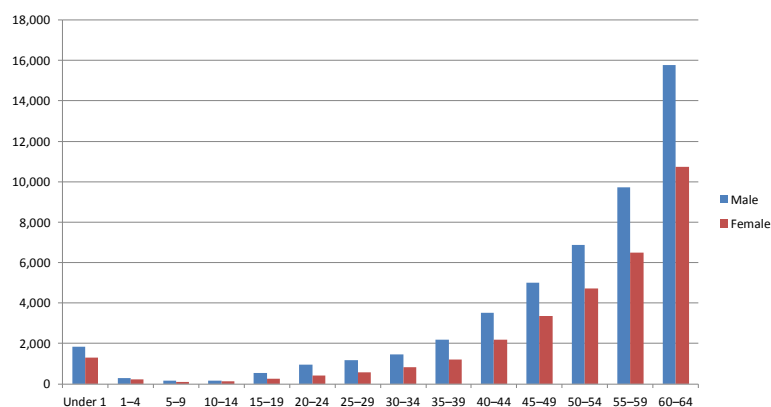
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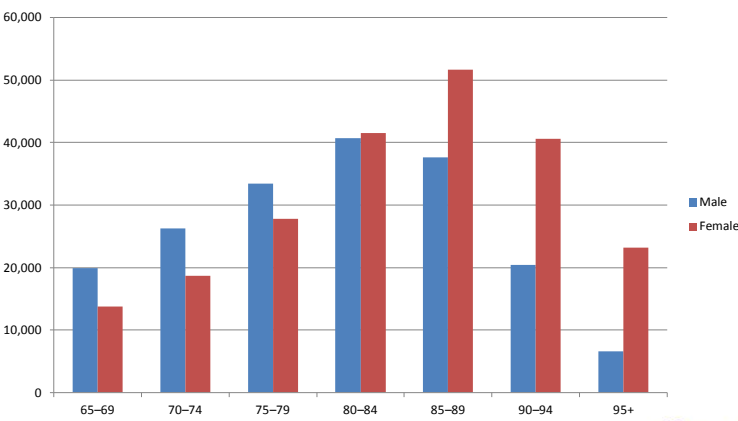


Deaths, all causes, 0-64 years, men and women in England and Wales, 2011



ONS (2012) Mortality Statistics: Deaths registered in England and Wales (Series DR), 2011

Deaths, all causes, 65+ years, men and women in England and Wales, 2011



ONS (2012) Mortality Statistics: Deaths registered in England and Wales (Series DR), 2011



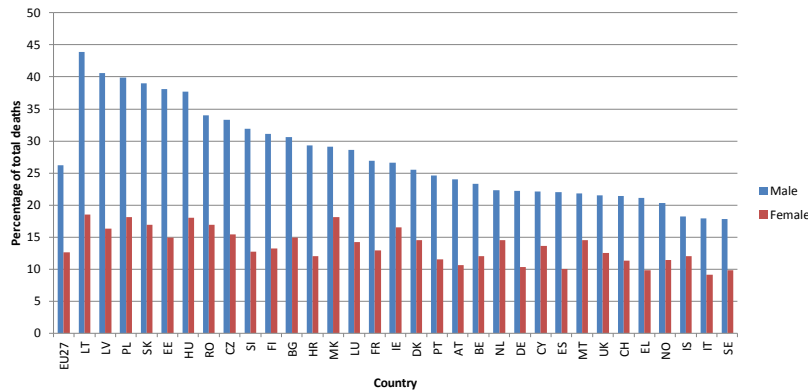
The State of Men's Health in Europe



Report



Deaths in 15-64 age range as a percentage of total deaths, by sex and country, latest year. ¹

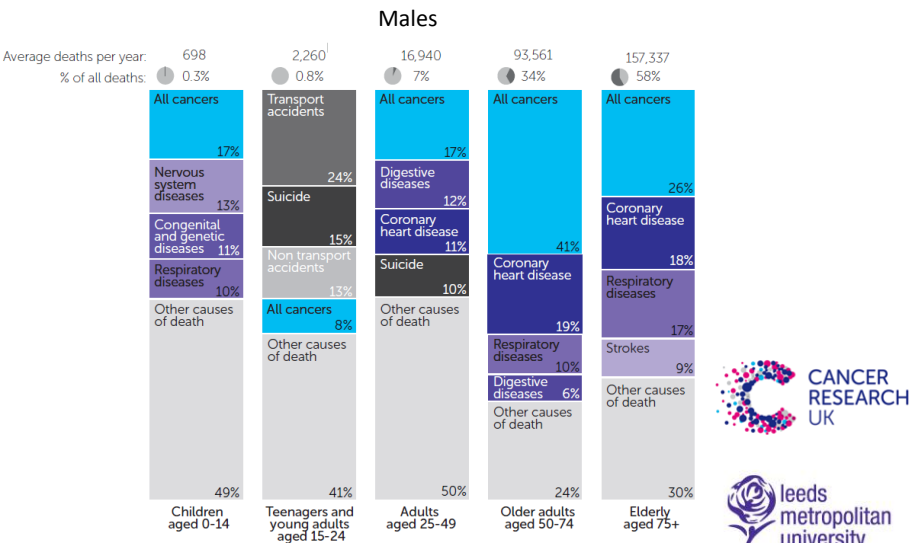


¹ 2008 except EU27, BG, CH, FR, IT, MT, PL, RO, SE (2007). DK, LU, PT (2006). BE (2004).

EC (2011) The State of Men's Health in Europe. Luxembourg, The European Commission

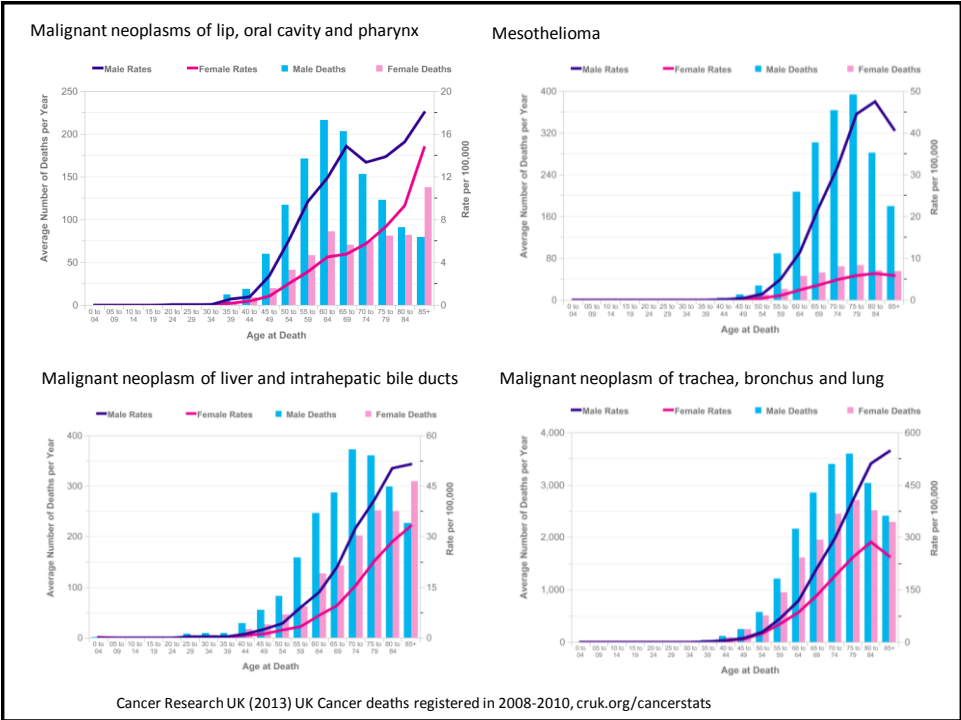
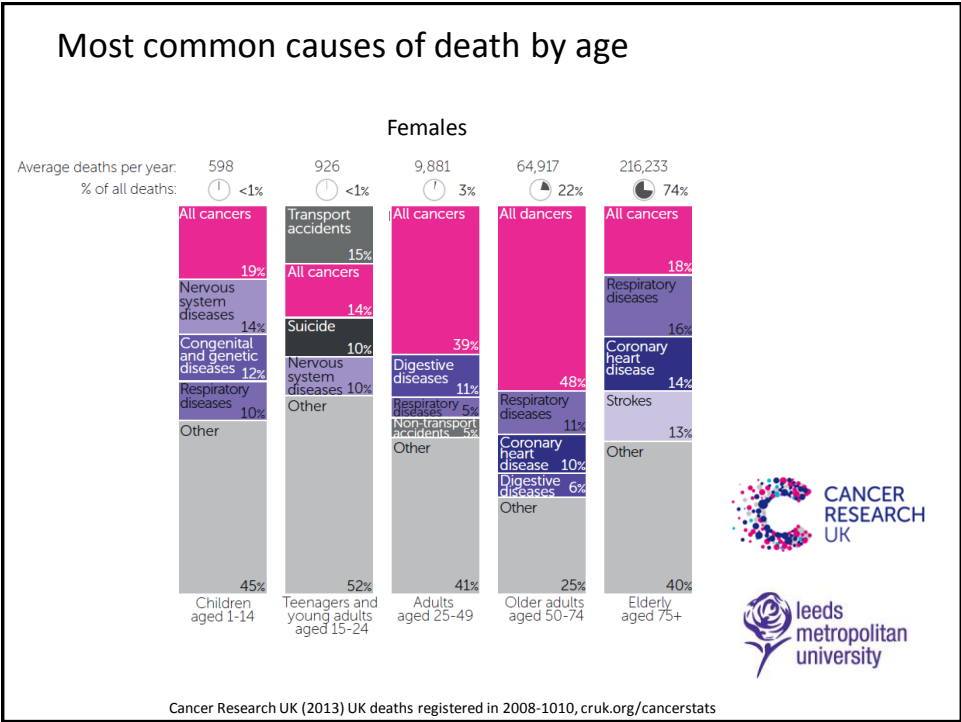


Most common causes of death by age

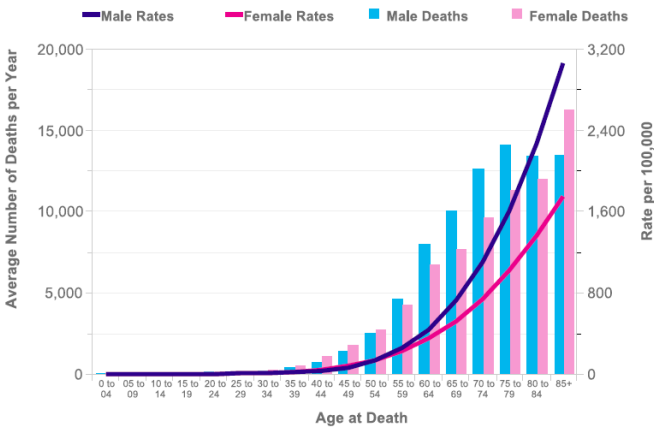


Cancer Research UK (2013) UK deaths registered in 2008-2010, cruk.org/cancerstats





Mortality by age for all cancers combined



Cancer Research UK (2013) UK Cancer deaths registered in 2008-2010, cruk.org/cancerstats

informing
understanding
supporting

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CANCER SUPPORT

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MEN'S HEALTH
FORUM

Tackling the excess incidence of cancer in men

Proceedings of the expert symposium held at
Leeds Metropolitan University on November 16th 2006

David Wilkins



CANCER REFORM STRATEGY 2007

6.37 In 2006, a symposium organised by the Men's Health Forum and chaired by the National Cancer Director discussed the issues around cancer and gender. The event highlighted that there are still many cancer types for which the reason for higher incidence and mortality in men is not known and that this higher incidence may be the result of unidentified risk factors or general biological predisposition. It is clear that more research is needed if we are to fully understand how gender impacts on cancer.

6.38 The Symposium also highlighted that the range of settings in which men are offered advice, information and routine health checks should be expanded from traditional primary and secondary care settings, for example into the workplace.



The Excess Burden of Cancer in Men in the UK

In general men are at significantly greater risk than women from nearly all of the common cancers that occur in both sexes (with the exception of breast cancer) (White 2009, Wilkins 2006, DH 2007). This report will consider the current overall burden of cancer among men in the UK, estimated from the latest statistics, and outline the extent of the differences between the sexes. All figures and calculations reported here are based on data extracted from the Cancer Research UK Cancerstats web pages extracted in June 2009 (Cancer Research UK, 2009).

In 2006, there were 147,223 new cancers diagnosed in men (excluding non-melanoma skin cancer) and there was a very similar number of new cancers diagnosed in women in the UK (146,375). However, the corresponding European age-standardised incidence rates were 429.7 per 100,000 in men and 354.8 per 100,000 in women; this difference is because of the generally longer life expectancy of women.

Considering deaths from cancer in the UK, the most recent figures available, for 2007, show that there were 50,507 in men and 74,227 in women accounting for 23% of total male mortality and 25% of total female mortality. As with the incidence figures, when translated into age-standardised rates, the contrast between men and women is more profound, with death rates of 211.3 per 100,000 in males and 135.1

per 100,000 in females. This difference results from a combination of different life expectancy and the increased likelihood of men having more fatal cancers than women.

The male age-standardised incidence rate for all cancers combined (excluding non-melanoma skin cancer) in Great Britain has risen from 333.7 per 100,000 in 1975 to 429.5 per 100,000 in 2006 even though the equivalent mortality rate (for the UK) has dropped from 278.5 in 1975 to 211.3 per 100,000 in 2007. Similar figures for females are 264.5 in 1975 to 354.8 per 100,000 in 2006 for incidence and 172.7 in 1975 to 135.1 per 100,000 in 2007 for mortality. These differences arise because, while the number of people developing cancer has increased, a combination of earlier diagnosis, improved diagnostic techniques and advances in care and treatment has resulted in more people surviving their cancers.

1. 2006 is the latest year for which incidence data are available for the UK.
2. 2007 is the latest year for which mortality data are available for the UK.
3. Incidence data for the UK are only available from 1993 onwards when the Northern Ireland Cancer Registry was set up. Thus, trends of incidence data are presented for Great Britain for 1975 onwards. Mortality data for the UK are available for the whole time period.

Figure 1: Top ten most common cancer cases for men, UK 2006

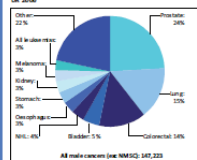
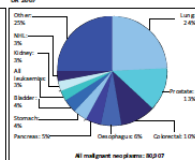
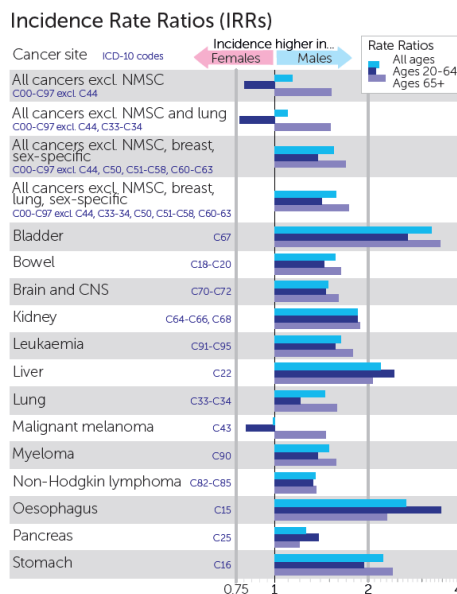


Figure 2: Top ten most common cancer deaths for men, UK 2007



Ratios of male:female European age-standardised incidence rates



Follow on analysis
from CRUK (2013)
Excess cancer
burden in men.

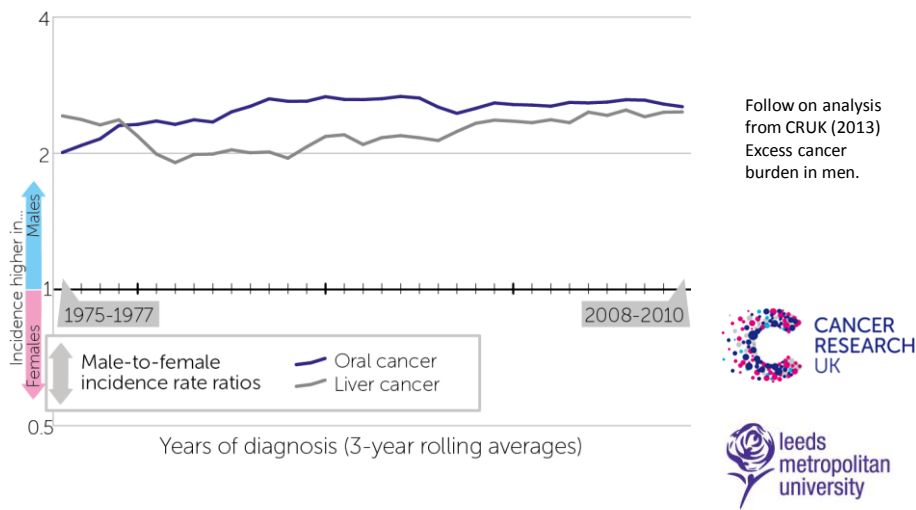


Factors affecting men's health

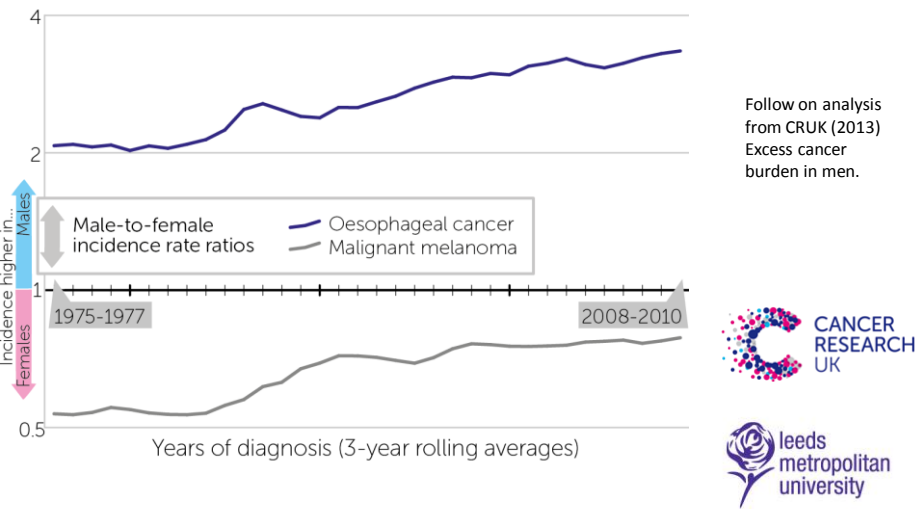
- The male body (anatomy, physiology, genetic make-up, the effect of the sex hormones, differing immune responses between men and women)
- Social determinants (socio-economic factors, housing, education, employment)
- Intersectional factors (age, class, ethnicity, race, disability, sexuality)
- Structural issues (policies, obesogenic society, availability of male focused health promotion materials, availability of welfare and support systems)
- Masculinities (male socialization, societies expectations of men and women, media influences, social networks)
- Lifestyle (smoking, alcohol, non-prescription drug intake taking, weight management, diet, sexual activity)



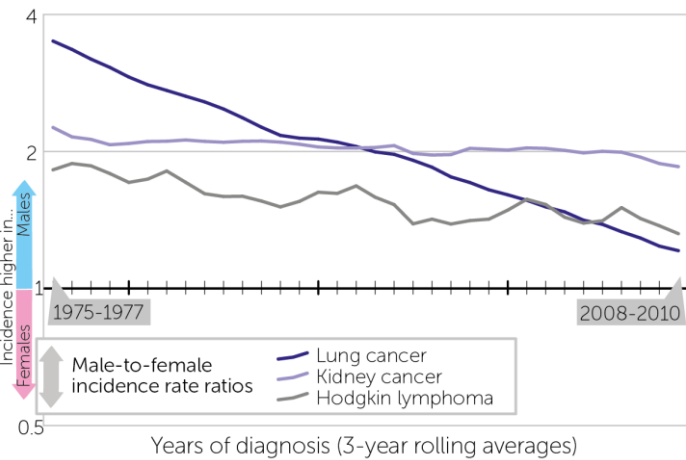
Cancers where the male:female IRR has been more variable in 20-64 year olds



Cancers where the male:female IRR has more consistently increased in 20-64 year olds



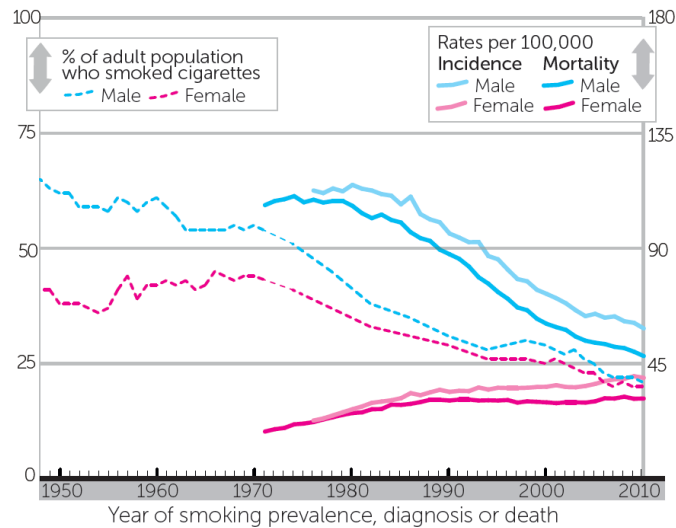
Cancers where the male:female IRR has more consistently decreased in 20-64 year olds



Follow on analysis from CRUK (2013)
Excess cancer burden in men.



Smoking prevalence and lung cancer



Cancer Research UK (2013), Great Britain incidence and UK mortality, cruk.org/cancerstats
Wald N and Nicolaides-Bouman A. UK Smoking Statistics. 1991: OUP.
ONS. General lifestyle survey. 2012.



Slow on the uptake?

Encouraging male participation in the NHS Bowel Cancer Screening Programme



David Wilkins
Men's Health Forum





Leeds Rhinos - CRUK Road Show



Maintain a healthy bodyweight and early diagnosis



CRUK Road in partnership with Leeds Rhinos, Centre for Men's Health & DH Yorkshire & Humber

Team of 40 staff and volunteers spoke to 2328 fans (15%)

1642 (70%) men
686 (30%) women



Premier League Health

A national programme of men's health promotion delivered in/by professional football clubs: Final Report 2012

Prepared by:
The Centre for Men's Health, Institute for Health & Wellbeing
The Centre for Active Lifestyles, Institute of Sport, Physical Activity and Health
Leeds Metropolitan University



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White, A. Zwolinsky, S. Pringle, A. McKenna, J. Daly-Smith, A. Robertson, S. Berry, R. (2012). ***Premier League Health: A national programme of men's health promotion delivered in/by professional football clubs, Final Report 2012.*** Centre for Men's Health & Centre for Active Lifestyles, Leeds Metropolitan University.



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Pre-intervention

- Sample – 4,020 men
- 2964 engaged with on-going activities of which 875 (29.5%) provided pre and post data
- 56.5% of sample in the 18-34 age range

Pringle A. Zwolinsky S. McKenna J. Daly-Smith A. Robertson S. White A. (2013). Effect of a national programme of men's health delivered in English Premier League football clubs. *Public Health* 127(1): 18-26.

Zwolinsky S. McKenna J. Pringle A. Daly-Smith A. Robertson S. White A. (2012) Optimizing lifestyles for men regarded as "hard-to-reach" through top flight football/soccer clubs. *Health Education Research*, 28(3)405-13 doi:10.1093/her/cys108



- More than 9 out of 10 men presented at least one negative health behaviour.
- Approximately 8 out of 10 men reported combinations of lifestyle risk factors associated with an increased risk of non-communicable disease.



But

- Only 7% regularly visited their GP
- 33% never visited their GP
- More than 51% did not use any form of health advice or information services
- 2 out of 3 reported that their health was good or very good.



12 week post intervention

- 7 out of 10 men made at least one positive change to their health behaviours.
- Almost 1 in 4 men reduced the number of harmful lifestyle risk factors they presented for non-communicable disease, 5% reduced two or more.

Pringle A, Zwolinsky S, McKenna J, Daly-Smith A, Robertson S, White A. (2013). Effect of a national programme of men's health delivered in English Premier League football clubs. *Public Health* 127(1): 18-26.

Zwolinsky S, McKenna J, Pringle A, Daly-Smith A, Robertson S, White A. (2012) Optimizing lifestyles for men regarded as "hard-to-reach" through top flight football/soccer clubs. *Health Education Research*, 28(3)405-13 doi:10.1093/her/cys108



Summary

To reduce men's cancer risk and premature death we need to have a much broader scope of action

- Focusing on prevention in younger men
- Raising awareness of the risk
- Increasing cancer screening uptake
- Increase research on:
 - Best approaches for raising awareness
 - Causes of cancer in men
 - Diagnosis, screening options and treatment
 - How to increase screening
 - How to survive cancer

