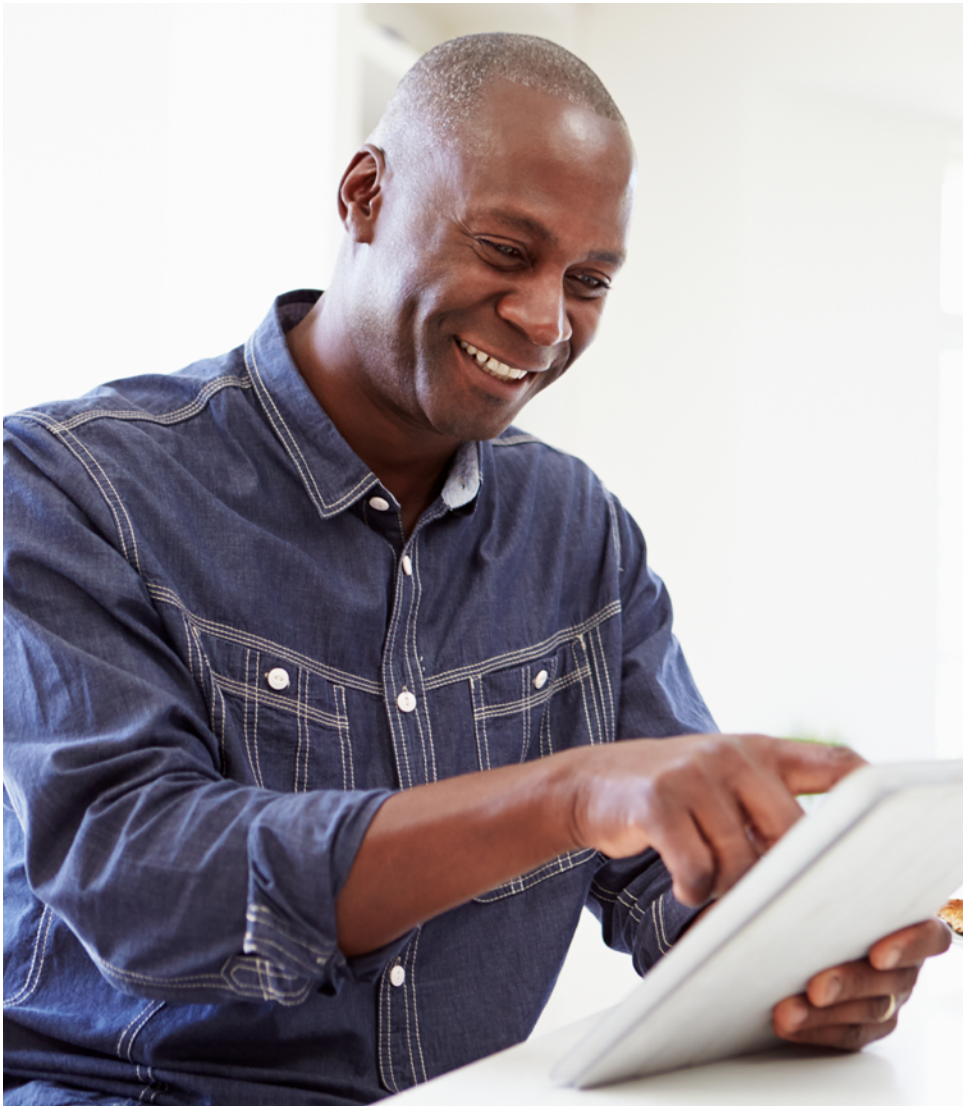


Cancer Facts for Men



Prostate cancer

Prostate cancer is the most common cancer in American men, except for skin cancers. The chance of getting prostate cancer goes up as a man gets older. Most prostate cancers are found in men over the age of 65. African American men and Caribbean men of African ancestry are more likely to develop prostate cancer than men of other races. Having one or more close relatives with prostate cancer also increases a man's risk of having prostate cancer.

What you can do

The American Cancer Society recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the risks and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information. The discussion about screening should take place at:

- **Age 50 for men who are at average risk** of prostate cancer and are expected to live at least 10 more years
- **Age 45 for men at high risk** of developing prostate cancer. This includes African Americans, Caribbean men of African ancestry, and men who have a first-degree relative (father or brother) diagnosed with prostate cancer at an early age (younger than age 65).
- **Age 40 for men at even higher risk** (those with more than one first-degree relative who had prostate cancer at an early age)

Men who decide to be screened should be tested with the prostate-specific antigen (PSA) blood test. The digital rectal exam may also be done as a part of screening. How often you are tested will depend on your PSA level, general health, and preferences.

Colorectal cancer

Colorectal cancer is cancer that starts in the colon or rectum. Some factors that increase colorectal cancer risk include being overweight or obese, physical inactivity, a diet high in red and processed meats, smoking, heavy alcohol use, being older, and a personal or family history of colorectal cancer or polyps.

What you can do

Regular colorectal cancer screening is one of the most powerful weapons against colorectal cancer. Most colorectal cancers start with a polyp – a small growth on the lining of the colon or rectum. Screening can help find colorectal cancer early, when it's smaller, hasn't spread, and might be easier to treat. Certain screening tests can also help prevent colorectal cancer by finding and removing polyps before they turn into cancer.

The American Cancer Society recommends the following for people at average risk for colorectal cancer:

Men and women should start regular screening at **age 45**.

People who are in good health and with a life expectancy of more than 10 years should continue regular colorectal cancer screening through the **age of 75**.

For people **ages 76 through 85**, the decision to be screened should be based on a person's preferences, life expectancy, overall health, and prior screening history.

People **over 85** should no longer get colorectal cancer screening.

Screening can be done either with a sensitive test that looks for signs of cancer in a person's stool (a stool-based test), or with an exam that looks at the colon and rectum (a visual exam). These options are listed below.

Stool-based tests

- Highly sensitive fecal immunochemical test (FIT)* every year, or
- Highly sensitive guaiac-based fecal occult blood test (gFOBT)* every year, or
- Multi-targeted stool DNA test (MT-sDNA)* every 3 years

Visual exams of the colon and rectum

- Colonoscopy every 10 years, or
- CT colonography (virtual colonoscopy)* every 5 years, or
- Flexible sigmoidoscopy* every 5 years

* If a person chooses to be screened with a test other than colonoscopy, any abnormal test result should be followed up with colonoscopy.

People at high risk of colorectal cancer based on family and/or personal history or other factors may need to: start screening before age 45, be screened more often, or get specific tests. Talk to a health care provider about your risk for colorectal cancer to know when you should start testing.

There are some differences between these tests to consider, but the most important thing is to get screened, no matter which test you choose. Talk to a health care provider about which tests might be good options for you, and to your insurance provider about your coverage.

Lung cancer

Lung cancer is most often caused by exposure to chemicals and other particles in the air. While smoking tobacco is the leading cause of lung cancer, not all people with lung cancer smoke. Some may have smoked previously, and some have never smoked at all.

What you can do

Not all lung cancers can be prevented. But there are things you can do that might help lower your risk. If you don't smoke, don't start, and avoid breathing in other people's smoke. If you or your loved ones smoke, call the American Cancer Society at **1-800-227-2345** for help quitting.

The American Cancer Society (ACS) lung cancer screening guideline is under review. In the meantime, ACS advises that health care providers and people at increased risk for lung cancer follow the recommendations for yearly lung cancer screening from the US Preventive Services Task Force (USPSTF), the American Academy of Family Physicians (AAFP), or the American College of Chest Physicians.

These organizations recommend yearly screening for people who are **50 to 80 years old**, in fairly good health, currently smoke or have quit in the past 15 years, and have at least a 20 pack-year smoking history. Talk to a health care provider about your risk for lung cancer, how you can quit smoking if you still smoke, the possible benefits, limits, and harms of lung cancer screening, and where you can get screened.

Skin cancer

Anyone can get skin cancer, but people with fair skin are more likely to get skin cancer than people with darker skin. Most basal cell and squamous cell skin cancers are caused by repeated and unprotected skin exposure to ultraviolet (UV) rays from sunlight, as well as from man-made sources such as tanning beds. A type of skin cancer called melanoma is less common than some other types of skin cancer, but is more dangerous because it is more likely to grow and spread.

People who have had other types of skin cancers and people with a close family member who had melanoma have an increased risk for melanoma.

What you can do

The most important way to lower your risk of most skin cancers is by limiting exposure to ultraviolet UV rays from the sun and other sources like tanning beds. When outside, try to stay in the shade, especially during the middle of the day. If you're going to be in the sun, wear hats with brims, long-sleeve shirts, sunglasses, and use a broad-spectrum sunscreen with an SPF of at least 30 on all exposed skin. If you have children, protect them from the sun and don't let them get sunburned. Do not use tanning beds or lamps.

Be aware of all moles and spots on your skin, and report any changes to a health care provider right away. You should ask about having a skin exam done during your regular check-ups.



Other things you can do to help reduce your cancer risk

- Stay away from tobacco.
- Get to and stay at a healthy weight.
- Follow a healthy eating pattern that includes plenty of fruits, vegetables, and whole grains, and that limits or avoids red/processed meats and highly processed foods.
- Get moving with regular physical activity.
- It's best not to drink alcohol. If you do drink, have no more than 2 drinks per day for men.
- Protect your skin.
- Know yourself, your family history, and your risks.
- Have regular check-ups and cancer screening tests.

For cancer information, day-to-day help, and support, visit the American Cancer Society website at **cancer.org** or call us at **1-800-227-2345**. We're here when you need us.



cancer.org | 1.800.227.2345

©2022, American Cancer Society, Inc.
No. 200800 Rev. 3/22
Models used for illustrative purposes only.