



**Cancer
Council**
SA

A brief look at men's cancers



Reduce
your risk

Information and support

13 11 20

cancersa.org.au

In brief: men and cancer

One in two Australian men will develop cancer before the age of 85, with the most common cancers for men being prostate, bowel, melanoma and lung cancer.¹ When it comes to your risk of cancer, there is some good news. There are steps you can take to reduce your cancer risk or find cancer at a stage when treatment has a better chance of success.

What is cancer?

Cancer is a disease of the cells, which are the body's basic building blocks. Sometimes cells don't grow, divide and die in the usual way. This may cause blood or lymph fluid in the body to become abnormal, or a lump to form called a tumour. A tumour can be benign (not cancerous) or malignant (cancer). Some cancers remain in the body for years without symptoms while others may grow and spread rapidly.



Cut your cancer risk

There is no way to guarantee that you won't get cancer. However, at least one in three cancers can be prevented by living a healthy lifestyle.²

Cancer council recommends you:



be smoke-free, and avoid second-hand smoke



maintain a healthy weight and have a waistline no greater than 94 cm (for men)



protect your skin in five ways (slip, slop, slap, seek and slide) when the ultraviolet (UV) radiation level is 3 and above



eat plenty of fresh fruit and vegetables daily



limit processed meats, such as bacon and salami, and have no more than 455g of cooked red meat (700g raw weight) each week



eat a variety of wholegrain or wholemeal breads and cereals



limit foods high in salt, saturated fat and sugar



get 30 mins of vigorous or 60 mins of moderate intensity activity on most days of the week



limit alcohol to no more than ten standard drinks per week, and no more than four standard drinks on any one day



get to know your body and what is normal for you. See your GP if you notice any changes



have regular, appropriate cancer screening tests

Prostate cancer

The prostate is a small gland that sits just below the bladder and surrounds part of the urethra (the tube urine flows through). The prostate produces some of the fluid that makes up semen.

Prostate cancer can either be slow-growing and unlikely to affect quality of life, or it can be fast-growing and life-threatening.

AM I AT RISK?

Prostate cancer is the most common cancer in men.¹ It mainly affects men over the age of 60 and is very rare in men younger than 45.

Your risk of developing prostate cancer increases:

- **as you get older—prostate cancer is mainly diagnosed in men aged 60–79**
- **if your father or brother has had prostate cancer**
- **if you have a strong family history of breast or ovarian cancer, or if a close male relative under the age of 50 has prostate cancer**

If you are concerned about your family history, your GP can advise you on the suitability of prostate-specific antigen (PSA) testing for you and your family.

General prostate problems

It is very common for men aged 50 and over to experience one or more of the following:

- a need to urinate more often
- a frequent, urgent need to urinate
- difficulty starting the flow
- a slow or stop-start stream
- leaking or dribbling after urinating

In most cases these symptoms are caused by a non-cancerous, enlarged prostate—a common problem in men as they age. An enlarged prostate does not lead to prostate cancer, however you should speak to your GP if you have any of these symptoms.

The low-down on prostate cancer testing

As testing for prostate cancer is not straightforward, and because there are risks associated with testing and treatment, deciding what to do can be confusing. The best approach is to have an open discussion with your GP about risks and symptoms so that you can make an informed decision about whether testing is right for you based on your age and family history.

Two commonly used tests are the PSA blood test and the digital rectal examination. These tests, used separately or in combination, are used to determine if there are changes in the prostate gland. If either test shows an abnormality, your GP will refer you to a urologist for further evaluation.

Research is currently focused on finding a test that can identify which prostate cancers require treatment and those that are unlikely to cause harm.

Questions for your GP

- What is prostate cancer and what tests are available?
- What is my risk of prostate cancer?
- What are the pros and cons of prostate cancer screening tests?
- Before I make my decision about PSA testing, what else should I know?
- How often should I have a PSA test, and from what age?

Bowel cancer

Bowel cancer usually starts in the lining of the large bowel (colon or rectum). It usually develops from small growths in the bowel wall called polyps. Most polyps are harmless, but some polyps will develop into cancer.

Bowel cancer kills over 100 Australians every week and affects both men and women.³ However if caught early enough, around 90 per cent of cases can be successfully treated.⁴

AM I AT RISK?

Your risk of bowel cancer is greater if you:

- are aged 50 or over
- have a strong family history of bowel cancer
- have a poor diet and do not exercise regularly
- are a smoker
- have a waistline greater than 94 cm
- drink alcohol
- have had serious inflammatory bowel disease (such as ulcerative colitis or Crohn's disease) for more than eight years
- have inherited a particular genetic disorder such as lynch syndrome or familial adenomatous polyposis (FAP)

Bowel cancer symptoms

Bowel cancer often develops without symptoms. However when symptoms do occur they might include:

- rectal bleeding, or any sign of blood after a bowel motion
- a change in bowel habits—for example, diarrhoea, constipation or smaller, more frequent bowel movements
- feeling your bowel does not empty completely
- abdominal pain or swelling

- rectal or anal pain
- loss of weight for no obvious reason
- unexplained tiredness, weakness or breathlessness

Not everyone with these symptoms has bowel cancer, and it could be a sign of other conditions. However, it is important to see your GP immediately if you notice any of the above symptoms.

The bottom line on beating bowel cancer

If you are 50 years or over, Cancer Council recommends having a simple Faecal Occult Blood Test (FOBT) every two years, even if you feel healthy and well. Regular screening is important because you can have bowel cancer without having any noticeable symptoms.

An FOBT is completed in the privacy of your own home, and looks for microscopic traces of blood in the bowel motion. If blood is found, further testing—usually a colonoscopy—is required to find the cause of the bleeding. In most cases it will not be bowel cancer, but it is important to check.

The National Bowel Cancer Screening Program (NBCSP) sends a free FOBT kit to eligible people aged 50–74 every two years. It is important that you complete yours when it arrives in the post. If you have not received your kit, or if it has become lost or damaged, call the NBCSP info line on 1800 118 868 for a replacement kit.

Those under the age of 50 who are concerned about bowel cancer are encouraged to see their GP to discuss risk factors, family history and symptoms.

Those aged 75 years or over are encouraged to see their GP to discuss screening options based on their individual circumstances.



Illustration of the faecal occult blood test (FOBT) as provided by the National Bowel Cancer Screening Program.

Skin cancer

Despite being the most preventable of all cancers, Australia has one of the highest rates of skin cancer in the world with more than 970,000 cases diagnosed and around 2,000 people dying each year.^{1,6}

Melanoma kills more than twice as many men as women in Australia and is the third most commonly diagnosed cancer in men (after prostate and bowel cancer).^{1,7}

Skin cancer symptoms

The majority of all skin cancers can be successfully treated if found early. Everyone should become familiar with their own skin and check it regularly so that changes will be noticed early. Check all of your skin—not just sun-exposed areas. See your GP if you notice any new or unusual spots, or a spot that is changing in colour, shape or size.

Skin cancers – see your doctor

Melanoma



- Appears as a new spot or an existing spot that changes colour, size or shape.
- Has an uneven, smudgy outline and will be an irregular mix of colours.
- Can appear on skin not normally exposed to the sun.

Nodular melanoma



- Develops quickly—early treatment is important to prevent spread to other parts of the body.
- Many are red or pink and some are brown or black.
- Firm to touch and dome-shaped.

Squamous cell carcinoma



- A thickened, red scaly spot that may bleed easily, crust or ulcerate.
- Appears on skin most often exposed to the sun.
- Grows over some months.

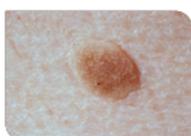
Basal cell carcinoma



- Red, pale or pearly in colour, appears as a lump or dry, scaly area.
- May ulcerate or fail to completely heal.
- Grows slowly, usually on the head, neck and upper torso.

Non-cancerous skin spots

Seborrhoeic keratosis



- Colour varies from pale brown to orange or black.
- Size varies from a few millimetres to 2 cm.

Warning signs

Solar keratosis



- A warning sign you are prone to sun damage and skin cancer.
- Red, flattish scaly dry skin that may sting if scratched.
- Appears on areas of skin most often exposed to the sun, like hands and face.
- Most common in people over 40.

Protecting your skin from UV

Most skin cancers can be prevented.

Protect yourself in **five ways** when the UV is 3 and above.



SLIP



SLOP



SLAP



SEEK



SLIDE

To check when the UV will be 3 and above, download the FREE SunSmart app, or visit the Bureau of Meteorology website.

Lung cancer

Lung cancer is the most common cause of cancer-related death among Australian men, and more men develop lung cancer than women.¹

It is estimated that up to 90 per cent of primary lung cancers in men are caused by smoking or passive smoking (breathing in the smoke produced by smokers).⁵ Not only can smoking lead to lung cancer, it also increases your chance of cancer of the mouth, tongue, nose, nasal sinus, throat, voice box, oesophagus, bowel, ureter, bladder, kidneys, pancreas, liver, stomach and bone marrow (myeloid leukaemia).

Smoking also affects the ability to have and maintain an erection, and may lower your sperm count.

AM I AT RISK?

Smoking at any age and for any length of time increases your risk of lung cancer.

Other risk factors for lung cancer include:

- **age**
- **family history**
- **personal history of lung conditions such as lung fibrosis or emphysema**
- **contact with the processing of steel, nickel, chrome or coal gas may be a risk factor, as well as exposure to radiation and other air pollution, such as diesel fumes**
- **exposure to asbestos**



Lung cancer symptoms

Lung cancer is very hard to detect early but you should see your GP if you notice any of the following:

- a persistent new dry cough or a change in a cough that has been present for some time (this is the most common symptom)
- shortness of breath or wheezing
- chest and/or shoulder pain
- repeated bouts of pneumonia or bronchitis
- coughing or spitting up blood
- hoarse voice
- fatigue
- unexplained weight loss
- difficulty swallowing

It is never too late to quit smoking

Quitting smoking at any age will benefit your health and there are many different strategies available to assist you to quit.

Quitting can be difficult, but you can call Quitline on **13 7848** to speak to a trained smoking cessation counsellor, 8.30 am – 8.00 pm Monday to Friday and 2.00 pm – 5.00 pm Saturday.

Whether you're ready to quit now, would like to know more about quitting in the future, or want some information to support a loved one to quit, it's a non-judgemental place to discuss emotions, motivations, struggles and strategies.

Head and neck cancers

Over 3,000 men are diagnosed with head and neck cancers in Australia each year.⁹

Head and neck cancers include cancer in the following organs and body parts:

- mouth, including the lips, gums and tongue
- salivary glands
- throat and tonsils
- voice box (larynx)
- nasal cavity and sinuses

AM I AT RISK?

The main causes of head and neck cancers are drinking alcohol and smoking or chewing tobacco. A combination of the two further increases the risk.

Other risk factors for head and neck cancers include:

- **being a man, and being aged 40 and over**
- **human papillomavirus (HPV) and Epstein-Barr virus infection**
- **family history**
- **being from China or South-East Asia**
- **having low immunity**
- **sun exposure (UV radiation can cause skin cancer of the lip)**
- **occupational exposure—for example breathing in asbestos fibres, wood dust or certain types of paint or chemicals**

Finding head and neck cancers early

Early detection of head and neck cancers can lead to successful treatment. Symptoms include:

- pain
- swelling or a lump in the neck or throat

- voice changes or hoarse voice
- difficulty swallowing
- bad breath
- weight loss

Having any of these symptoms doesn't mean you have cancer, but you should see your GP if you notice any symptoms that are unusual for you.

Testicular cancer

Around seven in every 100,000 men are diagnosed with testicular cancer each year.^{1,8} Early diagnosis and treatment can cure almost all cases of testicular cancer.

AM I AT RISK?

- **Testicular cancer is more common in young men. About half of new diagnoses occur in men under 34 years.⁸**
- **Testicular cancer is more common in men who are born with an undescended or partially descended testicle or testes.**

Testicular cancer symptoms

Early signs of testicular cancer may appear as:

- a swelling or lump in the testicle (usually painless)
- change in a testicle's size or shape
- a feeling of heaviness in the scrotum
- a feeling of unevenness between the testicles
- pain or discomfort in the lower abdomen

If you notice any unusual changes to your testes, see your GP.

For information and support

Cancer Council 13 11 20

For confidential information and support, speak with a Cancer Council nurse.

Quitline 13 7848

For advice and counselling on quitting smoking.

Cancer Connect

If you are diagnosed with cancer it can be helpful to talk to a man who has had a similar experience. Cancer Connect is a free, confidential service with trained volunteers providing one-to-one telephone support and practical information for those affected by cancer. Call 13 11 20 for more information.

USEFUL WEBSITES

Cancer Council SA

cancersa.org.au

Cut Your Cancer Risk

cutyourcancerrisk.org.au

Quitting smoking

quitlinesa.org.au

Prostate Cancer Foundation of Australia

prostate.org.au

SA Prostate Cancer Clinical Outcomes Collaboration

prostatehealth.org.au

Andrology Australia

andrologyaustralia.org

Foundation 49

49.com.au

National Bowel Cancer Screening Program

cancerscreening.gov.au

References

1 Australian Institute of Health and Welfare (AIHW) 2019. *Cancer in Australia 2019. Cancer series no. 119. Cat no. CAN 123.* Canberra: AIHW.

2 Whiteman, D, Webb, P, Green, A, Neale, R, Fritschi, L, Bain, C, Parkin, D, Wilson, L, Olsen, C, Nagle, C, Pandeya, N, Jordan, S, Antonsson, A, Kendall, B, Hughes, M, Ibiebele, T, Miura, K, Peters, S & Carey, R 2010, *Cancers in Australia in 2010 attributable to modifiable factors: summary and conclusions, Australian and New Zealand Journal of Public Health*, vol.39, no. 55, pp. 477–484.

3 Australian Institute of Health and Welfare (AIHW) 2018, *Cancer Data in Australia: Australian Cancer Incidence and Mortality (ACIM) books: colorectal cancer.* Canberra: AIHW. Available from <<https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/>>.

4 Cancer Council Australia 2018, *National Cancer Control Policy: Bowel cancer screening.* Available from: < https://wiki.cancer.org.au/policy/Bowel_cancer/Screening > [3 July 2019].

5 Hurley, S, Greenhalgh, EM & Winstanley, MH. 3.4 Lung cancer. In Scollo, MM and Winstanley, MH [editors]. *Tobacco in Australia: Facts and issues.* Melbourne: Cancer Council Victoria; 2015. Available from <http://www.tobaccoin australia.org.au/chapter-3-health-effects/3-4-lung-cancer>

6 Australian Institute of Health and Welfare (AIHW) 2016. *Skin cancer in Australia.* Cat no. CAN 96. Canberra: AIHW.

7 Australian Institute of Health and Welfare (AIHW) 2018, *Cancer Data in Australia: Australian Cancer Incidence and Mortality (ACIM) books: melanoma of the skin.* Canberra: AIHW. Available from <<https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/>>.

8 Australian Institute of Health and Welfare (AIHW) 2018, *Cancer Data in Australia: Australian Cancer Incidence and Mortality (ACIM) books: testicular cancer.* Canberra: AIHW. Available from <<https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/>>.

9 Australian Institute of Health and Welfare (AIHW) 2018, *Cancer Data in Australia: Australian Cancer Incidence and Mortality (ACIM) books: head and neck cancer including lip.* Canberra: AIHW. Available from <<https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/>>.

Note to reader

Always consult your GP about matters that affect your health. This information is intended as a general introduction and is not a substitute for professional medical, legal or financial advice. Information about cancer is constantly being updated and revised by the medical and research communities. While all care is taken to ensure accuracy at the time of publication, Cancer Council SA and its members exclude all liability for any injury, loss or damage incurred by use of or reliance on the information provided.



Cancer Council SA

For free* and confidential information and support about cancer, Monday to Friday 8.30 am – 5.30 pm:

- call Cancer Council **13 11 20**
- chat online at **cancersa.org.au**
- email **askanurse@cancersa.org.au**

Free* interpreting service is available on **13 14 50**

*Cost of a local call