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Cancer Facts for Gay and Bisexual Men

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- What else you can do to help reduce your cancer risk

The most common types of cancer among men in the US are prostate, lung, colorectal, and skin cancers. Younger men in particular are also at risk of testicular cancer. Some gay and bisexual men might have a higher risk of anal cancer.

Knowing about these cancers and what you can do to help lower your risk or find them early (when the cancer is small and might be easier to treat) may help save your life.

Recognizing barriers

Some gay and bisexual men face barriers to getting health care and cancer screening, including:

 Fear of discrimination: Many gay and bisexual men avoid going to the doctor or sharing their sexual orientation and history with their health care provider out of fear of being discriminated against. Like many other lesbian, gay, bisexual, transgender, queer/questioning, intersex, or asexual (LGBTQIA+) people, some gay and bisexual men have been treated poorly or even refused care altogether.

- Lack of provider knowledge and training: Many health care providers report not having education on the unique risk factors and recommended cancer screening tests for LGBTQIA+ people.
- More likely to be uninsured and experience homelessness: As an example, some health insurance policies do not cover unmarried partners. This makes it harder for many gay and bisexual men to get high quality health care.

Recognizing risk factors

Gay and bisexual men are also more likely to have certain risk factors that increase their chances of getting certain types of cancer. Some of these include:

- Tobacco use
- · Alcohol and substance use
- Human papillomavirus (HPV) infection
- HIV infection
- UV exposure and tanning bed use

The combined impact of social barriers and risk factors ultimately increases the chances of being diagnosed with a more advanced cancer and possibly having a worse prognosis.

Prostate cancer

<u>Prostate cancer</u>¹ is the most common cancer in men in the US, other than skin cancer. It's also the second-leading cause of cancer death (after lung cancer). About 1 in 8 men will get prostate cancer in their lifetime.

The chances of having prostate cancer go up as a man gets older. Most prostate cancers are found in men over the age of 65.

Prostate cancer happens more often in Black men than in men of other races and ethnicities. And when Black men do get it, they are often younger.

Having one or more close relatives with prostate cancer also increases a man's risk of having prostate cancer.

What you can do

Talk to a health care provider about screening

The American Cancer Society recommends that men have the chance to make an informed decision with a health care provider about whether to be tested for prostate cancer.

The decision should be made after getting information about the possible risks and benefits of prostate cancer screening.

A discussion about screening should happen at:

- Age 50 for men at average risk of prostate cancer who are expected to live at least 10 more years
- Age 45 for men at high risk of prostate cancer, including all Black men and men with a father or brother who had prostate cancer before age 65
- Age 40 for men at even higher risk of prostate cancer, including men with more than one brother or both a father and brother who had prostate cancer, as well as men who carry a BRCA gene mutation

If you get screened for prostate cancer

If you decide to get screened, it should be with a <u>prostate-specific antigen (PSA) blood test</u>². A digital rectal exam (DRE) may also be done as part of screening. How often you're tested will depend on your PSA level, health, family history, and preferences.

Lung cancer

<u>Lung cancer</u>³ is the second most common type of cancer in men in the US and the leading cause of cancer death.

What you can do

If you smoke (or used to smoke), ask about getting screened.

The American Cancer Society recommends yearly <u>lung cancer screening</u>⁴ with a low-dose CT (LDCT) scan for people who:

Are ages 50 to 80 years and smoke or used to smoke

AND

 Have at least a 20 pack-year history of smoking (A pack-year is equal to smoking 1 pack of cigarettes per day for a year. For example, a person could have a 20 pack-year history by smoking 1 pack a day for 20 years or by smoking 2 packs a day for 10 years.)

Before deciding to get screened, people should talk to their health care provider about the purpose of screening, how it's done, and the benefits, limitations, and possible harms of screening. People who still smoke should be counseled about quitting and offered resources to help them quit.

Avoid tobacco and being exposures.

Not all lung cancers are preventable. But there are things you can do to lower your risk.

- If you don't smoke, don't start.
- If you smoke, call the American Cancer Society at 1-800-227-2345 or visit <u>Empowered to Quit</u>⁵ for help quitting.

While smoking tobacco is the leading cause of lung cancer, not all people who get lung cancer smoke. Other ways you can help lower your risk:

- Avoid all products with tobacco.
- Avoid breathing in other people's smoke (secondhand smoke⁶).
- Avoid or limit exposure to cancer-causing chemicals that might be in the home or workplace.
- Consider having your home checked for <u>radon</u>⁷.

Colorectal cancer

<u>Colorectal cancer</u>⁸ (CRC) is the third most common type of cancer in the US. It's also one of the leading causes of cancer death in men.

Some factors that increase colorectal cancer risk include excess body weight, physical inactivity, a diet high in red and processed meats, smoking, alcohol use, older age, and a personal or family history of colorectal cancer or polyps.

What you can do

Get screened.

Regular colorectal cancer screening is one of the best ways to prevent colorectal cancer. Most colorectal cancers start with a polyp – a small growth in the colon or rectum. Screening can help to 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:

- Everyone 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 age 75**.
- For people ages 76 to 85, the decision to be screened should be based on a person's preferences, life expectancy, health, and screening history.
- People over age 85 should no longer get colorectal cancer screening.

Screening tests for colorectal cancer

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

- Fecal immunochemical test (FIT)* every year, or
- Guaiac-based fecal occult blood test (gFOBT)* every year, or
- Stool DNA test (MT-sDNA) every 3 years*

Visual (structural) 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 you get screened with a test other than colonoscopy, any abnormal test result should

be followed up with colonoscopy.

If you're at high risk of colorectal cancer based on family history or other factors, you may need to start screening before age 45, be screened more often, and/or get specific tests.

There are some <u>differences between these tests</u>⁹ 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. If you don't have insurance or can't afford cancer screening, find free and low-cost screening options.¹⁰

Skin cancer

<u>Skin cancer</u>¹¹ is the most common type of cancer in the US. Anyone of any skin tone can get skin cancer. It's also one of the easiest cancers to prevent or find early.

Ultraviolet (UV) radiation from the sun causes most skin cancers. Tanning booths and sun lamps also expose you to UV rays that can cause cancer.

Gay and bisexual men tend to use tanning beds more than other groups of people. They also have an increased risk for skin cancer.

What you can do

Be safe in the sun.

<u>Practicing sun safety</u>¹² is one of the most important things you can do to lower your risk of skin cancer.

- Limit time in the sun, especially between 10 a.m. and 4 p.m. when the sun's rays are strongest.
- If you're going to be in the sun, wear protective clothing, sunglasses that have UV protection, and a hat.
- Use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 30 on exposed skin all year round. Reapply sunscreen every 2 hours or after swimming or sweating (even if it's labeled as "water resistant").
- Avoid tanning beds and sun lamps.

Check your skin.

The best way to catch skin cancer early is to <u>check your skin for changes</u>¹³. Many health care providers suggest checking your skin about once a month.

- Know what all moles and spots on your skin normally look like and report any changes to a health care provider right away.
- Ask about having a skin exam done during your regular health checkups.

Anal cancer

Infection with certain types of human papillomavirus (HPV) increases the risk of <u>anal cancer</u>¹⁴. HPV can also cause mouth, throat, and penile cancers in men.

HPV is a very common virus that almost everyone who has had sexual contact has been infected by at least once. HPV can be spread during sexual activity – including vaginal, anal, and oral sex – or even just close skin-to-skin contact with infected areas. Condoms don't provide full protection from HPV because they don't cover all skin areas that can spread HPV.

Other things that increase risk of anal cancer:

- Receptive anal intercourse
- Number of sexual partners past and present
- HIV infection
- Smoking
- Having a weakened immune system (such as in people who've had a solid organ transplant)
- Recipients of a solid organ transplant

What you can do

Get vaccinated for HPV.

The American Cancer Society recommends all children get the HPV vaccine **between the of ages 9 and 12**, when the vaccine works best. But teens and young adults should still get the vaccine **through age 26**.

While HPV vaccines can be given up to age 45, they're unlikely to be helpful in people

aged 27 or older. **If you're between the ages of 27 and 45**, talk to a doctor to find out if HPV vaccination might benefit you.

Ask a doctor about screening.

While there aren't any widely recommended screening test for anal cancer, some experts suggest screening¹⁵ with a digital rectal exam (DRE) and an anal Pap test for those who might be at high risk for anal cancer.

Screening has not been studied enough to know how often it should be done, or if it helps reduce the risk of anal cancer. But you may want to talk to a provider about whether it might be right for you.

Know the signs.

You should also know what the common signs and symptoms of anal cancer are. Talk to a doctor right away if you have anal or rectal:

- Bleeding
- Itching
- Swelling
- Discharge
- Pain

Your doctor might suggest a DRE, anal Pap test, or other testing.

Testicular cancer

Although <u>testicular cancer</u>¹⁶ can happen at any age, it is the most common cancer in boys and men ages 15 to 35. White, American Indian, and Alska Native men are several times more likely to get testicular cancer than Black, Asian American, or Pacific Islander men.

Other things that increase the risk for testicular cancer include:

- Having cryptorchidism (a testicle that hasn't dropped, also known as undescended)
- A personal or family history of testicular cancer
- HIV infection, especially those with AIDS

What you can do

Know the signs.

There aren't any recommended screening tests for testicular cancer, but the American Cancer Society recommends men be aware of the signs and symptoms. Some doctors suggest all men check their testicles once a month after puberty.

Signs and symptoms of testicular cancer¹⁷ can include:

- A lump or swelling in one testicle
- Breast growth or soreness
- Heaviness or achiness in the lower abdomen (belly) or scrotum

If you notice any changes in the way your testicles look or feel, talk to a doctor right away.

What else you can do to help reduce your cancer risk

Almost half of all adult cancers might be prevented by things we can do or change.

- Stay away from tobacco.
- Be physically active.
- Follow a healthy eating pattern that includes plenty of fruits, vegetables, and whole grains. Avoid or limit processed foods, red meats, sugary drinks, and refined grains.
- Get to a healthy weight range.
- It's best not to drink alcohol. If you do drink, have no more than 2 drinks per day.
- Protect your skin from the sun.
- Know yourself, your family history, and your risks.
- Get regular check-ups and cancer screening tests.

Visit the <u>National LGBT Cancer Network website</u>¹⁸ to find LGBTQIA+-friendly cancer screening providers and locations near you.

Hyperlinks

- 1. www.cancer.org/cancer/types/prostate-cancer.html
- 2. <u>www.cancer.org/cancer/types/prostate-cancer/detection-diagnosis-staging/tests.html</u>
- 3. www.cancer.org/cancer/types/lung-cancer.html
- 4. <u>www.cancer.org/cancer/types/lung-cancer/detection-diagnosis-staging/detection.html</u>
- 5. www.cancer.org/cancer/risk-prevention/tobacco/empowered-to-quit.html
- 6. <u>www.cancer.org/cancer/risk-prevention/tobacco/health-risks-of-tobacco/secondhand-smoke.html</u>
- 7. www.cancer.org/cancer/risk-prevention/radiation-exposure/radon.html
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- 15. <u>www.cancer.org/cancer/types/anal-cancer/detection-diagnosis-staging/detection.html</u>
- 16. www.cancer.org/cancer/types/testicular-cancer.html
- 17. <u>www.cancer.org/cancer/types/testicular-cancer/detection-diagnosis-staging/signs-and-symptoms.html</u>
- 18. cancer-network.org/screening-providers/

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