

FACTS ABOUT MEN'S HEALTH

Disease Prevention & Early Detection

MEN ARE AT RISK for many chronic diseases such as HEART DISEASE and CANCER. Cancers that most often affect men are:

- 1 PROSTATE
- 2 LUNG
- 3 COLORECTAL



MEN FACE A 40-50% CHANCE OF DEVELOPING CANCER IN THEIR LIFETIME

Source: ACS 2025 Cancer Statistics

TAKE CHARGE OF YOUR HEALTH:

-  MAKE healthy lifestyle choices
-  KNOW your preventable risk and family history
-  SCHEDULE routine tests & screenings for early disease detection
-  ESTABLISH a health care home with a primary care provider

WHAT CAN YOU DO:
SCORE WITH 4!

#1 GET VACCINATED FOR HPV



Human Papillomavirus (HPV) is a common virus that affects both women & men. Completion of the full HPV vaccination series protects against the virus and 90% of cancers it can cause.

When is BEST:

- > **Age 9-12 years:** 2 doses 6-12 months apart
- > **Age 13-14 years:** 2 doses 6-12 months apart
- > **Age 15-26 years:** 3 doses catch-up vaccination; talk with your healthcare provider.
- > **Age 27-45 years:** Some adults who are not already vaccinated may get the HPV vaccine after consulting with your Healthcare Provider (HCP) about your risk for new HPV infection.

#2 KNOW YOUR FAMILY HISTORY



Multiple risk factors can contribute to cancer development. Some risk factors can be controlled; others cannot. Understanding how hereditary factors contribute to cancer risk and how that risk can be reduced and/or managed is CRITICAL in early detection.

Risk Factors that CAN be controlled or avoided:

- > Lifestyle and behavior factors, such as:
 - smoking
 - alcohol consumption
 - physical activity
 - sun exposure
 - nutrition & diet
- > Environmental factors
- > Obesity
- > Immunizations/vaccines to prevent certain cancers

Risk Factors that CANNOT be controlled or avoided:

- > Family history/genetics
- > Age, gender
- > Race, ethnicity
- > Previous cancer diagnosis
- > Weakened immune system

ARE YOU @ RISK? A genetic risk assessment evaluation can benefit patients and their families. Discuss your family and personal health/cancer history from BOTH sides of the family with your healthcare provider.

#3**MAKE HEALTHY LIFESTYLE CHOICES**

At least 42% of newly diagnosed cancers are potentially avoidable – including the 19% of cancers caused by smoking and at least 18% caused by a combination of excess body weight, alcohol consumption, poor nutrition and physical activity. (excludes non-melanoma skin cancer)



Stay away from tobacco.



Get to and stay at a healthy weight.



Get moving with regular physical activity.



It's best not to drink alcohol.



Eat healthy with plenty of fruits and vegetables.



Protect your skin from harmful UV rays.



Establish a health care “home” where you can get all of your regular check-ups and cancer screening tests.

#4 GET SCREENED

Routine screening can help prevent cancers and/or provide early detection when treatment is often less intensive and more successful. Screening is known to reduce mortality for the following cancers:

PROSTATE**When is BEST to TEST:**

- > **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 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).

After discussion with your health care provider, men who want to be screened should get the prostate-specific antigen (PSA) blood test.

LUNG**When is BEST to TEST:**

- > **Age 50 to 80 years:** For those who have a 20 pack-year* smoking history, currently smoke, or have quit within the past 15 years, it is recommended that lung cancer screening with LDCT be done every year.

*A pack-year is a way to calculate how much a person has smoked in their lifetime. One pack-year is the equivalent of smoking an average of 20 cigarettes (1 pack) per day for a year.

- > **NOTE:** Screening is no longer necessary once a person has not smoked for 15 years or has a health problem that limits life expectancy or the ability to have lung surgery.

COLORECTAL (CRC)**When is BEST to TEST:**

- > **Age 45:** People of average CRC risk should follow one of these five testing schedules as recommended by your healthcare provider (HCP):
 - Colonoscopy every 10 years
 - Guaiac-based fecal occult blood test (gFOBT) every year*
 - Fecal immunochemical test (FIT) every year*
 - Multi-targeted stool DNA test every 3 years*
 - Flexible sigmoidoscopy every 5 years*
- *If test is positive, a colonoscopy should be conducted.*
- > **If you are in good health:** Continue regular screening through age 75.
 - > **If you are at high risk of CRC:** (based on family history or other factors): You may need to be screened using a different schedule; consult your HCP.
 - > **Age 76-85:** Talk with your provider about whether continued CRC screening is right for you.

Speak with your HCP about the appropriate screenings and schedule that work best for you. Most screenings are covered by insurance.

For more information, visit us:



<https://www.hunterdonhealth.org/services/hunterdon-mercer-chronic-disease-coalition>