
Cancer Facts for Men

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Some of the cancers that most often affect men are prostate, colorectal, lung, and skin cancers. Knowing about these cancers and what you can do to help prevent them or find them early (when they are small, haven't spread, and might be easier to treat) may help save your life.

Prostate cancer

Prostate cancer 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.

It can happen at any age, but the chances 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 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. The discussion about screening should take place 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 any man with a father or brother diagnosed with prostate cancer before age 65
- **Age 40 for men at even higher risk**, including any men with more than one brother or both a father and brother who had prostate cancer, and men who carry any *BRCA* gene mutations

If you decide to get screened for prostate cancer

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

Colorectal cancer

Colorectal cancer is cancer that starts in the colon or rectum. Some factors that increase colorectal cancer risk include physical inactivity, a diet high in red and processed meats, excess body weight, smoking, alcohol use, 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 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.

Screening tests for colorectal cancer

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 a person gets 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, or get specific tests.

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. If you don't have insurance or can't afford cancer screening, [find free and low-cost screening options](#).¹

Lung cancer

[Lung cancer](#)² is the second most common type of cancer in men in the US and the leading cause of cancer death.

What you can do

Get screened.

The American Cancer Society recommends yearly lung cancer screening 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, 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 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. Avoid breathing in other people's smoke.
- If you smoke, call the American Cancer Society at 1-800-227-2345 or visit [Empowered to Quit](#)³ for help quitting.

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

- Avoid all products with tobacco.
- Stay away from secondhand smoke.
- Avoid or limit exposure to cancer-causing chemicals that might be in the home or workplace.

Skin cancer

[Skin cancer](#)⁴ 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.

What you can do

Be safe in the sun.

Practicing sun safety 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.
- 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 waterproof).
- Wear protective clothing, sunglasses that have UV protection, and a hat.
- Avoid tanning beds and sun lamps.

Check your skin.

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

- Know what all moles and spots on your skin 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.

Testicular cancer

Although testicular cancer can happen at any age, it is the most common cancer in men ages 15 to 35. White men are more likely to get testicular cancer than other races or ethnicities. It's also one of the most curable cancers.

Other things that increase a person's risk for testicular cancer:

- Having cryptorchidism (a testicle that hasn't dropped, also known as undescended)
- Having hypospadias (condition at birth where the opening of the penis is on the underside instead of the tip)
- A personal or family history of testicular cancer
- HIV infection, especially those with AIDS
- Certain genetic disorders

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 cancer 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 as physically active as you can.
- Eat more nutritious foods, including 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 for men.
- Protect your skin from the sun.
- Know yourself, your family history, and your risks.
- Get regular checkups and recommended cancer screening tests.

Hyperlinks

1. www.cancer.org/cancer/screening/get-screened.html
2. www.cancer.org/cancer/types/lung-cancer.html
3. www.cancer.org/cancer/risk-prevention/tobacco/empowered-to-quit.html
4. www.cancer.org/cancer/types/skin-cancer.html

References

American Cancer Society. *Cancer Facts & Figures 2023*. Atlanta, Ga: American Cancer Society; 2023. Accessed October 23, 2023. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2023/2023-cancer-facts-and-figures.pdf>

Centers for Disease Control and Prevention. *Cancer and men*. Updated June 5, 2023. Accessed October 23, 2023. <https://www.cdc.gov/cancer/dcpc/resources/features/cancerandmen/index.htm>

Fletcher GS. Evidence-based approach to prevention. *UpToDate*. UpToDate Inc; 2023. Updated February 17, 2022. Accessed October 23, 2023. https://www.uptodate.com/contents/evidence-based-approach-to-prevention?search=cancer%20screening&source=search_result&selectedTitle=4~150&usage_type=default&display_rank=4#H20178120

Jemal A, Ward EM, Johnson CJ, et al. Annual report to the nation on the status of cancer, 1975-2014, featuring survival. *J Natl Cancer Institute*. 2017; 109(9): 1-19.

Siegel RL, Miller KD, Wagle NS, Jemal A. Cancer statistics, 2023. *CA Cancer J Clin.* 2023; 73(1): 17-48. doi:10.3322/caac.21763

Wolf, AMD, Oeffinger, KC, Shih, YCT, et al. Screening for lung cancer: 2023 guideline update from the American Cancer Society. *CA Cancer J Clin.* 2023. doi:10.3322/caac.21811

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