MANUAL FOR MEN

DESTINATION HEALTH

REDUCE YOUR RISK OF CANCER

Clear, concise directions for men on cancer prevention
Cancer affects all parts of society, but some men are at more risk than others. Recent research has indicated that men are at greater risk of getting cancer and dying from it than women. This can be explained by lifestyle factors such as higher rates of smoking, alcohol consumption, unhealthy diets, higher levels of obesity and low levels of physical activity. Other reasons include late diagnosis of cancer. This Manual invites men to learn more about cancer and to make the lifestyle changes to reduce the risk of cancer.
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Introduction – satnav health

Irish Man Mark1 has been around for a long time, but things have changed an awful lot since we first starting banging rocks together. For starters, it was hard to get fat when we were always running away from sabre-toothed tigers. Now we are more likely to be sitting in traffic jams going nowhere fast. Even so, men are living longer than ever and, because of that, cancer is becoming our biggest threat.

Some cancers are preventable, many can be cured and all of them are treatable if caught in time. Getting the best information and route to travel when you find something wrong can make the journey a lot easier. This is your Sat Nav to help you navigate your way to a healthier life and reduce your risk of cancer. Keep it safe; show it to your mates. It will maintain your bodywork and tune up your engine.

You have reached your destination … hopefully without your exhaust pipe dropping off.
Some car specifications are wishful thinking. Here are a few cancer ‘facts’ that just don’t add up.

**Mobile phones give you brain cancer**
So far, most studies have found no link between mobile phone use and brain cancer. But the jury is still out on just how damaging mobiles are.
So don’t spend too long on your mobile and choose one with a low specific absorption rate (SAR).

**Dark skin? Don’t need to worry about skin cancer**
Although it is true that fair-skinned people are more likely to develop skin cancer – the paler the skin, the greater the risk – everyone is at risk from the sun’s damaging rays, even those with black skin. So people with dark skin should still cover up and seek shade, use sunscreen and sunglasses when outside, and check regularly for skin changes.

**Men can’t get breast cancer**
Men’s breast duct cells can undergo cancerous changes. Those at greater risk are men over 60 and with a family history of the disease. A painless lump is the most common first symptom of male breast cancer.

**Stress causes cancer**
No link proven, not even if you get stressed out worrying about getting cancer. But it’s true that excessive stress is linked to drinking, smoking and substance abuse, all of which can cause cancer.

**Cancer is always painful**
Few cancers in their early stages cause pain. It’s only when the tumour puts pressure on a nerve or spreads to a bone that it starts to hurt.
**Antiperspirants can cause cancer**
An old favourite, but there is no proven link between antiperspirant chemicals and cancer.

**Cancer can be caused by a knock or a bruise**
Nope. It’s a popular myth, possibly because a person may suffer an injury, see a doctor, and coincidentally discover a tumour.

**Barbecued food causes cancer**
This was thought to be the case for many years. It’s true that the blackened crust of barbecued food contains substances called heterocyclic aromatic amines (HAAs), which do indeed cause cancer. But the latest research has shown that you cannot eat enough to cause the DNA damage which can lead to cancer.

**Diet supplements prevent cancer so forget ‘five portions of fruit and vegetables a day’**
*Wrong.* Anti-oxidants, such as vitamins C and E, beta-carotene and selenium, do fight cancer-causing free radicals in the body. But vitamin tablets do not protect as much as fruit and vegetables, which contain fibre as well as vitamins and trace elements.

**High-protection suntan lotion stops skin cancer**
*False.* No sunscreen gives 100% protection from UV rays. Even when using sunscreen, many people burn or get tanned, both of which increase skin cancer risk.
Obesity makes you more than just heavy goods, it increases your risk of cancer. Add in lack of exercise, perhaps too much booze along with boxloads of cigarettes and up go the chances of cancer.

When it comes to the top avoidable cancer risks, think:

- Whether you smoke
- What you eat
- What you drink
- How active you are
- Whether you are a healthy weight
- How you look after yourself in the sun

You can improve your prospects further by having regular GP check-ups, and being more aware of early signs and symptoms of ill health.

**Smoky mix risk**

If you smoke, the single biggest thing you can do reduce your risk of cancer is **simply stop**. Forget about filter tips, cutting down, electronic cigarettes. Just be a non-smoker and live longer. For advice on smoking cessation go to:

[www.cancer.ie/reduce-your-risk/smoking/how-to-quit](http://www.cancer.ie/reduce-your-risk/smoking/how-to-quit)

**Update your logbook**

One careful driver on the logbook? Check out your family history of cancer as some cancers have a family link, especially if either of your parents, or a brother or sister, suffered from cancer before the age of 60.

If you do have a close relative who had cancer at a young age, check with your doctor whether this may also affect you. Your doctor may suggest regular screening, which can catch potential problems early.

[www.cancer.ie/reduce-your-risk](http://www.cancer.ie/reduce-your-risk)
Booze. The avoidable additive

So you pull out to overtake, foot down hard ... and nothing happens. Booze is a bit like that. The great myth is that alcohol improves sexual performance. Not so.

Calories and booze

Alcohol is high in gut-adding calories, and it’s linked to some cancers.

Try switching to soft drinks, non-alcoholic beers or shandies as the evening goes on. Or have a few glasses of water in between to help keep you in top gear for the whole night.

Even moderate consumption of alcohol can increase your risk of cancer; there is no safe limit. If you must drink, aim for no more than 14 standard drinks per week with a few booze-free days thrown in. (Standard drink = half pint average beer, small glass wine, a single pub measure of spirits.)

Alcohol units & calories in standard drinks

Source: Food Safety Authority of Ireland
Food. Essential, but what and how much?

**Fuel Foods**
Vegetables, fruits, pulses (peas and beans) and wholegrain bread, brown rice or durum wheat pasta, help keep energy flowing without piling on the weight. And as they are lower in calories and higher in fibre, they can also help protect you from cancer.

Try to increase your fruit and veg to 5 or more portions a day and your high fibre bread, cereals, pasta and potatoes to 6 or more a day.

**Meat and potatoes anyone?**
Like many things in life, lean meat is good for you in moderation.
Eat no more than 500g (cooked weight) of red meat per week, and limit or avoid processed meats (ham, bacon, salami etc.).

**Fats for the long haul**
Fat contains a huge amount of energy as calories, so you don’t need much of it. Saturated fat clogs the fuel lines, so go for unsaturated fat like olive oil.

**Revving it up. Burning the calories.**
Takeaway foods, sausage rolls, pastries, cakes and ready-made meals often contain high levels of saturated fat. Avoid adding fat to food when you cook at home. Try not to fry. Boil, bake or grill instead.

When you’re eating out, think about the calorie content of menu items and choose wisely.

Why watch television chefs when you can do better? Get to work with a wok and reduce your workload, not to mention your waistline. Throw in thin sliced vegetables, some lean meat and a light coating of olive oil and serve with rice. Presto! A TV meal.

Follow up with fresh fruit in a bowl of yoghurt. If you cook like this, you can get a big meal with change out of a €5 note.
Understanding the Food Pyramid

Top Shelf foods are high in fat, sugar salt. They are not essential for health and if you eat them a lot they can be harmful.

Fats and oils are essential, but only in small amounts.

The foods and drinks on the bottom 4 shelves of the Food Pyramid are essential for good health.
**Keep the engine running**

Getting fit doesn’t mean you have to spend your time in a room full of Adonises and machines last seen in the Chamber of Horrors. Charity shops are full of fitness equipment bought by well-meaning men (or their partners).

Sport is a great way of keeping fit, but most of us overestimate what we need to do to stay healthy. A minimum of 30 minutes of moderate physical activity, at least 5 days a week and at least 10 minutes at a time, will help to reduce your risk of heart disease and some cancers.

But any activity is of some benefit, whether at work, leisure or a sport.

So try walking to the next bus stop and get off one stop early, use the stairs instead of the lift, walk up the escalators instead of staring at the adverts or even try some gardening (or wash the car yourself!).

Small things like these will make a big difference to your risk.

If your belt size is over 37 inches (92cm) you are significantly increasing your risk. And this rises as your belt size goes up.
Around 2,000 people develop lung cancer in Ireland each year. Most of them are men. But lung cancer is easy to prevent – 95% of lung cancers are caused by smoking.

Although it is the fourth most common cancer in Ireland, more Irish men and women die from lung cancer than any other type. Not getting it in the first place is the name of the game.

**Fishy Fag Myths**

*Filter tips reduce the risk.* Nope, they just give you a false sense of security.

*Cutting down is the best way to giving up.* Who are you kidding? Before too long, you’ll probably be back where you started.

*It is still not certain that smoking causes lung cancer.* The tobacco companies want you to believe this. Who do you trust more, them or your doctor?

**Watch out for:**

- A persistent cough
- Coughing up blood-stained phlegm
- Shortness of breath
- Chest discomfort
- Repeated bouts of pneumonia or bronchitis
- Loss of appetite
- Loss of weight
Call the Man Mechanic:
The symptoms on the previous page don’t always mean you have cancer, but they do need your doctor’s attention. Your GP will organise a chest X-ray and if necessary will arrange a referral to a rapid access lung clinic, where a specialist lung doctor will decide if you need further tests.

Remember! Early detection of lung cancer can make a difference to your chances of survival. If you have any of the symptoms listed above, see your doctor.

Better still, reduce your risks of getting lung cancer by stopping smoking.

At the junction take the right turn.
Giving up smoking is the single best decision you can make over your route to better health.

Let’s get it absolutely straight. Smoking causes lung cancer. In fact, you have to be very unlucky to develop lung cancer unless you are either breathing in smoke from your tobacco or someone else’s.

Since the ban on smoking in public places we are already seeing changes in health in Ireland.
Choose a place or feature.

Call the National Smokers’ Quitline on Callsave 1850 201 203. Smoking cessation counsellors are on hand with free advice kits and confidential advice and support.

Nicotine replacement therapy (NRT) can be obtained through your GP or bought over the counter in a pharmacy. There are many types so make sure you discuss with your GP or pharmacist the best one for you.

Get in touch with self-help groups or organisations that supply information and support.

Ask your GP or pharmacist for advice on other methods that may help you quit.

Buddy up with your mates at work or other family members to quit.

If you can’t stop for yourself, do it for your partner or kids.

www.cancer.ie/reduce-your-risk/smoking/how-to-quit/tips
There are more than 300 cases of cancer of the mouth (oral cavity and pharynx) reported in Ireland every year. These cancers are more common in men than in women. It mainly affects older people, although more young people are being diagnosed now.

According to the National Cancer Registry in Ireland, only half of all mouth cancers and even fewer cancers of the pharynx (throat and windpipe) are diagnosed at an early stage. Late diagnosis makes treatment much more difficult. This is a real shame as people whose cancers are caught sooner will have a better chance of survival.

**Mouth Myths**

*Smoking only causes lung cancer.*
False. Lung cancer is bad enough but it is also linked to mouth cancer. Chewing tobacco and betel also increase the risk.

*Drinking tea causes mouth cancer.*
False. Nor does the paper on tea bags.

*Garlic prevents mouth cancer.*
False. Vampires possibly, but don’t stake your life on it!

*Spicy food increases your risk.*
False. No good evidence, although it can take your breath away. A big plus in a small room!

**Avoid the Big Mouth risks**

- Smoking tobacco, cigarettes, roll-ups, cigars, pipes or cannabis.
- Chewing tobacco or betel quid, gutkha, paan
- Too much alcohol intake *(this more than doubles your risk if taken with tobacco)*
- Too much exposure to sunlight or radiation (for lip cancer)
- A diet lacking in fruit and vegetables
- Viral infections such as human papilloma virus (HPV). HPV can be spread through oral sex – see below.
Warts and All
Some forms of mouth cancer are linked to the human papilloma virus (HPV). This also causes genital warts (tiny cauliflower-like lumps on the penis). Oral sex is therefore one of the risk factors. HPV vaccination is not offered to boys or men, so the only protection is to practise safe sex.

Open wide if you have:
- Sores, ulcers, red or white patches inside your mouth or on your tongue
- Unexplained pain in your mouth or ear
- Unexplained loose teeth
- Lumps in your neck
- A sore throat which just won’t go away even with sprays or gargles
- Difficulty swallowing or croaky speaking

If any of these last for more than 3 weeks, they need to be checked out by a doctor or dentist.

More than Mouthy Mechanics
Dentists are tops when it comes to picking up cancer in the mouth, so regular visits and check-ups will help keep you safe. Now that’s something to smile about.

Dentists can also look at your risk factors and give you good advice. This makes sense as the number of men with mouth cancer has shot up by a quarter over the past 10 years.

www.cancer.ie/cancer-information/mouth-head-neck-cancer
Each year the average number of people diagnosed with bowel cancer is 2400. This is the second most common cause of cancer death in Ireland. Bowel cancer happens when cells in the bowel change and start to grow quickly. They can form a tumour. A malignant tumour is also known as cancer. If a malignant tumour is not treated, it will affect how the bowel works. Most bowel cancers occur in the large bowel. Bowel cancer is also known as colorectal cancer or cancer of the colon and rectum.

Four Farty Facts

• Surgery for bowel cancer doesn’t always mean needing a permanent colostomy bag.
• Sitting on hot radiator pipes doesn’t cause bowel cancer but sucking on a lit cigarette might.
• Flatulence (farting) is not a definite sign of cancer, no matter how smelly. This includes SBDs!
• Just because someone in your family had bowel cancer doesn’t mean you will also. But it is true that your risk is higher if a close relative (parent, sister or brother) had bowel cancer.

Causes of bowel cancer

The definite cause of bowel cancer is still a mystery. But we know some things do increase your risk:

• Eating lots of processed food, fat and sugar
• Not eating enough fruit and vegetables
• Being overweight
• Smoking
• Not getting enough exercise
• Having a close family member with bowel cancer at a young age
At the earliest opportunity, turn around.
There are things you can do yourself to lower your risk:

- Junk the junk food, fat and sugar and go for more fruit and vegetables
- Discuss any family history of bowel cancer with the doc
- Get some exercise
- Lose excess weight
- Most of all, quit the weed

Watch out for:
Being ‘bowel aware’ is the name of the game. Guts play up at the best of times, but there are some warning signs that you shouldn’t ignore.

- Bright or dark red flecks in your poo (stools)
- A change in the way your bowels are working which lasts more than a month. This means diarrhoea, constipation or both
- Bleeding from the back passage or blood on the toilet paper. This could just be piles but you need to get it checked out
- A regular feeling of being bloated, having trapped wind or fullness
- A feeling as though there is something left to pass even after you go to the toilet
- Pain or discomfort in your belly or back passage
- Weight loss for no good reason
- Increasing general tiredness or weakness

Remember! These symptoms don’t always mean cancer. But if you have any of them, get your doctor to check them to be sure.

Call the Man Mechanic
Your GP will take a full history, especially your symptoms and risk factors. Make sure you don’t leave the surgery without having a rectal examination with a gloved finger.

If necessary your GP will then refer you to a specialist for further investigations. These may include a CT / MRI scan and a sigmoidoscopy or
Nobody pretends the dreaded glove is a welcome sight for sore eyes, or bums. But your Man Mechanic performs them every day, it is part of the full MAN NCT and it can save your life.

It’s a bit embarrassing and uncomfortable, but it’s over quickly and is a necessary evil to check things out thoroughly.

**Remember, early recognition of the problem is key to survival.**
colonoscopy, where a thin flexible camera is used to look along the inside of your bowel. This can be uncomfortable but is not painful.

You may also need a barium enema, where a special dye is introduced into your bowel to make it show up clearly on an X-ray.

**Action point**

- See your GP if you have any of the symptoms listed earlier for 4 weeks – early diagnosis greatly increases your survival chances.

**BowelScreen**

The National Bowel Screening Programme offers a free home testing kit to anyone aged between 60 and 69. The kit is sent to you in the post. When you have used the kit as instructed you return it by post for analysis.

The test detects blood in faeces (bowel motions) even if it is present only in very small amounts. This alone does not necessarily mean that you have cancer, but it does show whether more tests are required.

www.cancer.ie/cancer-information/bowel-colon-rectum-cancer/about  
www.bowelscreen.ie/
This is Ireland’s second most common cancer in men, after skin cancer. Around 3,000 new cases of prostate cancer are diagnosed each year. About 1 in 8 Irishmen will be diagnosed with prostate cancer during their lifetime, but most of them will die from something else, as survival rates have improved significantly. Cancers of the testis and prostate now have a 5-year survival rate of over 90%.

It is most common in men over the age of 50, and there is an increasing risk with age.

The risk of men developing prostate cancer is only slightly less (2%) than the risk of women having breast cancer ... not many people know this!

**Man Myths**

*PSA tests always tell if you have cancer.*
False – high levels can be caused by big prostates, infection and cycling. (Hard saddles and very long journeys might increase PSA levels. Feet slipping off the pedals will do nicely.)

*Vasectomy increases your risk.*
False, there is no connection, literally!

*Too much sex can be dangerous.*
Possibly, but not when it comes to developing prostate cancer.

*Masturbation gives you prostate cancer.*
No good evidence that it does this – or make you deaf!

**Higher risk men include:**
- Older men of African or Caribbean origin
- Men whose brother or father had prostate cancer at a young age
- Those with a high animal fat diet (perhaps)

**So how do you know when you have prostate cancer?**
Good question. Most men don’t until it is well developed. Symptoms include those of an enlarged prostate. Confusing, but one thing is certain – a big prostate (BPH) DOESN’T increase the risk of cancer.
Watch out for:

- Difficulty peeing, even when you push hard
- Peeing more often than usual
- Getting up at night to have a pee only to get up again later on
- A feeling that you haven’t quite got rid of it all when you pee
- Stop-start peeing
- Discomfort or burning when peeing
- Blood in your pee or semen
- Unexplained back or groin pain

Ask the Man Mechanic

Your GP can check you out. This will probably include:

- **Physical examination**, including a rectal exam by the dreaded gloved finger.

- **Blood test for PSA**. If the PSA levels are raised and the physical exam gave cause for concern, you will be referred to a urologist at a rapid access prostate clinic who will advise you about a biopsy. If the levels are raised but the physical exam was normal, the test will be repeated after 6 weeks. If the levels are still raised, you will then be referred to the urologist.

- **Ultrasound**. This is normally done before a biopsy. It is painless; a small tube is gently put into your rectum and sends a picture back, not unlike checking a baby in the womb. This checks the size and shape of the prostate.

- **Biopsy**. This can be uncomfortable as it involves pushing a very thin needle into your prostate from inside your rectum under local anaesthetic. It will show any cancer cells present and, importantly, how many. This gives a score (called the Gleason score) which helps to decide the best treatment.
Can I avoid it?
Other than avoiding a high animal fat diet (and possibly eating lots of tomatoes) the best bet is early diagnosis, as we are still not sure what causes prostate cancer.

**Should I have a routine PSA test even if I don’t have any symptoms?**
This is a tricky one which really needs to be talked through with your doctor. The PSA test on its own is not always a reliable indicator of whether treatment is needed. To summarise:

- Not everyone with prostate cancer will have a high PSA level.
- Not everyone with a high PSA level has prostate cancer.
- Not all cancers discovered by the test will require treatment anyway.

Just to make things even more confusing, the biopsy is not 100% reliable either (it is possible to miss the cancer cells).

Talk to your GP about this if you’re not sure. Further information is available from the Irish Cancer Society (see code below).

www.cancer.ie/cancer-information/prostate-cancer/symptoms-and-diagnosis

www.yourprostate.eu/

Although testicular cancer is quite rare, it is the most common cancer found in young men aged between 15 and 34 years. Each year about 160 men are diagnosed with testicular cancer in Ireland. This number has been growing over the past few years.

**Myths to Mothball**
Testicular cancer risk is increased by:

*Masturbation and sex.*
False. But they both may speed up detection of lumps, not least by your partner. Also, most men can have normal sex after treatment.

*Injury and accidents.*
False. Sumo wrestlers can withdraw their balls into their pelvis. This prevents high voice Sumo, but not cancer.

*Having children.*
False. But their telephone bills might give you high blood pressure. In fact, most men can have children after treatment for testicular cancer.

**Now warm your hands**
It’s good to check your balls regularly. If you do, you will be aware of any unusual changes, but pick your time and place carefully, as it can attract the wrong sort of attention on the bus!

Once a month in the bath or shower is just about right. Use your finger and
thumb to gently roll each ball between them. Unless you are being too rough there should be no tenderness.

Testicles should feel smooth, with no lumps, swellings or hardening present. There is a soft rubbery tube at the top and back of both testicles. This is called the epididymis. It carries sperm to the penis. It can be tender and it wobbles. Lumps tend to be firmly fixed to the testicle.

It’s normal for one testicle to be lower than the other. It’s nature’s way of allowing you to cross your legs without screaming.

**Watch out for:**

- Small lump or swelling in either ball
- Hardening of a testicle
- Sensation of dragging or heaviness in your scrotum
- Dull ache in your groin
- Smelly pus or blood in your semen

Thankfully, most lumps aren’t cancer. But don’t ignore a lump – let your doctor decide whether you need further tests.

[www.cancer.ie/cancer-information/testicular-cancer/about](http://www.cancer.ie/cancer-information/testicular-cancer/about)
See that big yellow thing hanging in the sky? It’s not always your best mate.

Skin cancer is the most common cancer in Ireland. Everyone is at risk, not just those who spend a lot of time outdoors. Here are a few things you might not know about skin and skin cancer.

- Your lifetime risk as a man of developing skin cancer is 1 in 6.
- Most skin cancers are caused by the sun’s UV rays.
- Even on cloudy Irish days up to 90% of the sun’s UV rays can reach your skin.
- Clothes are a great way to protect your skin from UV rays. But watch what you wear as some clothes, including some football shirts, are so thin they let almost all the UV through.
- There is no such thing as a healthy tan. It is a sign that your skin is already damaged by UV rays and is trying to protect itself from more damage.
- Never let your skin burn as it increases the risk of melanoma, the most serious form of skin cancer.
- Never use a sunbed, as it greatly increases your risk of skin cancer.
There are basically two types of skin cancer: non-melanoma, which is the most common, and melanoma (also called malignant melanoma), which is the more serious form. Although it is less common, melanoma is on the increase.

**With non-melanoma, watch out for:**
- New moles
- A new growth or sore that does not heal within four weeks
- A spot or sore that continues to itch, hurt, crust, scab or bleed
- Constant skin ulcers that are not explained by other causes

These are commonly found on the forehead, tip of the chin, nose or ears, arms and hands – the exposed bits. So swimming naked can help rays reach places the sun seldom sees. Water won’t help stop burning any more than it will preserve your modesty.

**With melanoma, watch out for:**
- Changes in moles or freckles (see box)
- Itchy, tender or painful areas of skin
- Scaly or crusty areas of skin, perhaps with oozing or bleeding
- An unusual sore, lump or blemish
**Know your moles**

A normal mole is an evenly coloured brown or black spot on the skin. It may be flat or raised, round or oval. Most people have them and they are nearly all harmless. But it is important to watch out for changes in their shape, size or colour, as follows:

- **Changes in shape** – from round and regular to ragged or irregular, perhaps with one half not like the other.
- **Changes in size** – from small (no bigger than the butt end of a pencil) to large, and growing or shrinking.
- **Changes in colour** – from a single colour to many shades, or losing colour.

**Action points**

- Know your skin and check it for changes once a month.
- For areas you cannot easily see, ask your partner or a friend to help, or use a mirror.
- Speak to your doctor if you are concerned.
- Many skin changes are harmless but it’s better to be safe than sorry.

**Sun Smart Tips**

- Seek shade, especially between 11 am and 3 pm
- Cover up: wear clothes made from closely woven fabric
- Wear a hat. A big hat (that covers ears, neck and nose!)
- Wear wraparound sunglasses to protect your eyes
- Use sunscreen (SPF 15 or higher) with UVA protection

*Prevention is still better than cure.* So don’t let the sun get under your skin.

[www.cancer.ie/reduce-your-risk/sunsmart](http://www.cancer.ie/reduce-your-risk/sunsmart)
Spot cancer early – it could save your life

The three main changes to look for are:

1. **Unexplained changes**

   - **A lump or swelling**  
     Make sure to check your whole body, not just your testicles or breasts.

   - **Bleeding that is not normal for you**  
     Coughing up blood or noticing it in your urine or bowel motion is not normal. Neither is bleeding from your vagina between periods, after sex or after the menopause.

   - **Weight loss**  
     It is normal to see small weight changes over time. But a big weight loss, not related to dieting, may be a sign of something more serious.

   - **Pain that does not go away**  
     If you feel pain for more than four weeks that you cannot explain, talk to your doctor about it.
2. Persistent changes

A cough, changes in your voice or feeling short of breath
Speak to your doctor if you have any of these problems for more than three weeks, especially if you are a smoker or ex-smoker.

A sore that does not heal
If a spot, wart or sore does not heal in a few weeks, get it checked by your doctor, even if it is painless.

Bloating
If bloating does not go away within a few weeks talk to your doctor about it.

Difficulty swallowing, indigestion or heartburn
It is not normal to have indigestion or heartburn that happens a lot or is very painful. Difficulty swallowing is not normal either. Get it checked by your doctor.

Mouth or tongue ulcer
Having a mouth or tongue ulcer for three weeks or more is not normal and needs to be checked by your doctor or dentist.
3. Unusual changes

A change in your bowel or bladder habits
If you have constipation, diarrhoea or problems passing urine for more than a few weeks, talk to your doctor.

A new mole or change to an existing mole
Start checking your skin today and talk to your doctor if you notice any skin changes, especially a new mole or any change to an existing mole.

Any change in your breast
Get into the habit of looking at and feeling your breasts for changes in the shape, size, nipples and skin. Also watch for pain in one breast.

These changes are important ones to look out for and act on. But do tell your doctor if you notice any other unusual change in how your body looks, feels and works.
Master man mechanics – getting the best from your GP

All GPs are good Man Mechanics and now better recognise the needs of men, but make sure you find one who suits you. The local health clinic keeps a list of some GPs in the area. The *Golden Pages* should also have a list. But asking your mates can be the best way to find your kind of doctor.

Before you visit a GP, first check out the information from the Irish Cancer Society or other organisations. You can ask your GP about what you have read.

Write down your symptoms before you see your doctor: it’s easy to forget the most important things during a visit. Doctors notice important clues. When did it start? How did it feel? Did anyone else in your family suffer from this? Did this ever happen before? What have you done about it so far? Are you on any medicines at present? If you make a list before you go, you’ll have all the answers for your doctor.
Be realistic: if you come in to your doctor armed with a list of problems as long as your arm, don’t expect to get everything sorted on the day. With an average of 10 minutes per visit you may be invited back to get through all your concerns.

Ask questions: if a mechanic stuck his head under the bonnet of your car, you would most certainly want to know what he planned to do. Your doctor is about to lift the bonnet on your body, so don’t be afraid to ask why and what he plans to do.

Don’t beat about the bush: if you have a lump on your balls, say so! With a short consultation time there is a real danger of coming out with a prescription for a sore nose.

Listen to what they say: If you don’t understand, say so. Ask the doc to write down the important points for you. Most people remember less than half of what their doctor has told them.

If you want a second opinion say so, but remember your GP is human and some praise and thanks for helping never goes amiss.

www.cancer.ie/
Did you know that about half of all cancers could be avoided?

What can you do to reduce your risk of cancer?

1. **DO NOT SMOKE**
   One in three of all cancers is related to smoking. Cut out the cigarettes and cut your cancer risk.

2. **AVOID SECOND-HAND SMOKE**
   Keep your home and workplace smoke free. Second-hand smoke increases the risk of lung cancer and heart disease in non-smokers.

3. **BE A HEALTHY WEIGHT**
   As the amount of fat in the body increases, so does the chance of developing certain cancers. Take action to have a healthy body weight by being physically active and eating a healthy diet.
4 BE PHYSICALLY ACTIVE IN EVERYDAY LIFE
Limit the time you spend sitting and aim for at least 30 minutes of moderate physical activity a day.

5 HAVE A HEALTHY DIET
Eat fruit, vegetables, whole grains and pulses. Limit foods high in sugar, salt and fat. Avoid processed meat and limit red meat.

6 AVOID ALCOHOL
Drinking alcohol can cause at least seven types of cancer. Cutting back - or even better - avoiding alcohol altogether will reduce your risk.

7 AVOID TOO MUCH SUN
Skin cancer is the most common cancer in Ireland with over 10,000 new cases diagnosed in 2011. Be SunSmart: protect your skin when outdoors (sunscreen is not enough) and avoid sunbeds.

8 POLLUTANTS
Protect yourself in your workplace and follow health and safety instructions.
Cancer specialists and scientists from across Europe compiled the code based on the latest scientific evidence on cancer prevention. This code was developed by the International Agency for Research on Cancer and the European Commission 2014.

Find out more about the European Code Against Cancer and ways to reduce your cancer risk on www.cancer.ie/europeancode or call: 1800 200 700

9 RADIATION
Find out if you are exposed to radiation from naturally high radon levels in your home. Find out more information on radon levels from the Environmental Protection Agency. www.epa.ie

10 ADVICE FOR WOMEN
Breastfeeding is proven to reduce the risk of cancer. HRT is a hormonal drug for menopausal symptoms which increase risk of certain cancers. Limit HRT.

11 GET VACCINATIONS
Some cancers are spread by viruses and bacteria. Ensure your children take part in vaccination programmes for Hepatitis B (for newborns) and Human papillomavirus (HPV) (for girls over 12 years).

12 GET SCREENED FOR CANCER
Screening is checking for cancer or conditions that may lead to cancer in people that may have no symptoms. Take part in organised cancer screening programmes for bowel cancer (men and women), breast cancer (women) and cervical cancer (women).
www.cancerscreening.ie

Cancer specialists and scientists from across Europe compiled the code based on the latest scientific evidence on cancer prevention. This code was developed by the International Agency for Research on Cancer and the European Commission 2014.
To reduce my cancer risk I plan to:

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Self-test kits

Self-test kits have a role to play in healthcare but should not be relied upon on their own. If you are worried about your health, you should always seek advice from a healthcare professional. If you decide to self-test, buy the test kit from a source that you trust. Read the instructions carefully and if you have any concerns speak to a pharmacist or your GP.

What you need to know

Self-test kits should never replace your doctor’s diagnosis or a result from a national screening programme. If you do use a self-test, do follow up the results and check any concerns you have with a healthcare professional.

The self-test kit should be sealed without any damage to the packaging and be within the expiry date. Read all the instructions and make sure you have everything you need to take the test properly.

Make sure the test has a CE mark. A CE mark means that the device followed the regulatory rules, works properly and is safe when used as intended. Even so, a CE mark alone is no guarantee that a home test will be suitable for your health needs. If you have any concerns about your health you should always seek advice from your GP.

And finally … No test is 100% reliable.
Irish Cancer Society
To find out more about any of the information in this booklet or about cancer in general:
· Visit us at [www.cancer.ie](http://www.cancer.ie)
· Call our Cancer Nurseline on Freephone 1800 200 700, and speak to one of our cancer nurses for confidential advice, support and information. The Cancer Nurseline is open Monday to Thursday 9am - 6pm and Friday 9am - 5pm. You can also email us on cancernurseline@irishcancer.ie; or visit our Online Community at [www.cancer.ie](http://www.cancer.ie)
· Visit our Daffodil Centres located in thirteen hospitals nationwide.

To keep in touch with the Society’s activities, including cancer prevention campaigns and messages:
Like us on [www.facebook.com/IrishCancerSociety](http://www.facebook.com/IrishCancerSociety)
Follow us on [https://twitter.com/IrishCancerSoc](https://twitter.com/IrishCancerSoc)

Quit Smoking
If you are a smoker and would like help quitting, call the HSE Quit Team Freefone 1800 201 203  [www.quit.ie](http://www.quit.ie) Freetext Quit 50100

MAC (Men Against Cancer)
A support group established with the help of the Irish Cancer Society. MAC provides information, advice and support to men who have had a recent diagnosis of prostate or testicular cancer.
Contact MAC at: Irish Cancer Society
43/45 Northumberland Road, Dublin 4
Freefone: 1800 200 700

Health Promotion Unit
Dept of Health and Children, Hawkins House, Hawkins Street, Dublin 2
Tel: (01) 635 4000
Websites

Irish Cancer Society
www.cancer.ie

Men’s Health Forum in Ireland
www.mhfi.org

Cancer Focus Northern Ireland
www.cancerfocusni.org/

Health Promotion Unit
www.healthpromotion.ie
You can find more health information on your regional Health Service Executive site. Click on the links section of the Health Promotion Unit website to find their websites.

National Cancer Screening Service
www.cancerscreening.ie/

National Cancer Registry
www.ncri.ie/

YourProstate.
Get good advice from health professionals on anything prostate.
www.yourprostate.eu/

Male Health: Men’s Health Forum (UK)
www.malehealth.co.uk