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Cancer Facts for Gay and Bisexual Men

The most common types of cancer among men in the US are skin, prostate, lung, and colorectal cancer. Some younger men might be at risk of testicular cancer and Hodgkin Lymphoma. Some gay men, especially those who are HIV positive, might have a higher risk of anal cancer. Knowing about these cancers and what you can do to help prevent them or find them early (when the cancer is small and might be easier to treat) may help save your life.

Recognizing barriers

Research suggests that some gay and bisexual men receive less health care than heterosexual men. They face a number of barriers to getting the health care and cancer screening tests they need, including:

- **Fear of discrimination:** Some gay and bisexual men don't tell their health care providers about their sexual orientation, because they worry about discrimination affecting the quality of health care they receive. This can make it harder to have a comfortable relationship with a provider.
- **Low rates of health insurance:** Some health insurance policies do not cover unmarried partners. This makes it harder for many gay and bisexual men to get quality health care.
- **Negative experiences with health care providers:** Fear of having a negative experience with a health care provider can lead some men to delay or avoid medical care, especially routine care such as early detection tests. Missing routine cancer screenings can lead to cancer being diagnosed at a later stage, when it's sometimes harder to treat.

The American Cancer Society can help you learn more about the cancers that men are

most at risk for, as well as how to find these cancers early. All men can do things to help reduce their cancer risk and be healthy.

Prostate cancer

Who is at risk?

[Prostate cancer](#)¹ is more likely to develop in men who are 65 or older. African American men are more likely to develop prostate cancer than men of other races. Having one or more close relatives with prostate cancer also increases a man's risk.

What you can do

The American Cancer Society recommends that men make an informed decision with a health care provider about whether to be tested for prostate cancer. This is because research has not yet proven that the possible benefits of testing outweigh the harms of testing and treatment. Before being tested, men should receive this information so they can learn about the pros and cons of testing.

Starting at age 50, men should talk to their health care provider about the benefits and limitations of prostate cancer screening. Gender identity should not keep you from having this conversation. Transgender male-to-female patients should also have a conversation with their provider about being screened for prostate cancer. If you're African American or have a close relative who has or had prostate cancer when they were younger than 65, you should have this talk with a health care provider starting at age 45. If you have more than one first-degree relative who had prostate cancer at an early age, you should talk to a health care provider about prostate cancer screening at age 40.

Men who decide to get screened should get a prostate-specific antigen (PSA) blood test. Sometimes a digital rectal exam (DRE) may also be done as part of screening. It's important to know that screening is done on people that do not have symptoms. If you have symptoms of prostate cancer, you might need more tests

Lung cancer

Who is at risk?

[Lung cancer](#)² is the second most common cancer and the leading cause of cancer death in the US and around the world. It's important to know that anyone can get lung cancer, including people who have never smoked and don't currently use tobacco

products. Still, smoking is by far the leading cause of lung cancer and is also known to be linked to 12 other types of cancer. Some evidence suggests that gay and bisexual men are much more likely to smoke than heterosexual men. Smoking is also linked to heart disease, bronchitis, stroke, and emphysema. Research also has shown that smoking significantly reduces the life expectancy of HIV-positive men.

Exposure to radon, asbestos, or air pollution can put a person at higher risk for lung cancer, too. If you have had lung cancer, you have a higher risk of developing another lung cancer. Having a family history of lung cancer or previous radiation to the chest or lungs can also increase a person's risk for lung cancer.

What you can do

If you smoke, stop. If you don't smoke, don't start. It's also important to reduce your exposure to secondhand smoke and other harmful chemicals. If needed, talk to a health care provider about quitting, or call us at **1-800-227-2345** to find out how we can help increase your chances of quitting for good.

Think about getting screened. The American Cancer Society recommends screening for certain people at higher risk for lung cancer. If you are 55 to 74 years, smoke or used to smoke, and are in fairly good health, you might benefit from screening for lung cancer with a yearly low-dose CT scan . Talk to a health care provider about your risk of lung cancer, and about the possible benefits, limits, and harms of getting tested for early lung cancer.

Colorectal cancer

Who is at risk?

Being older and having a personal history of colorectal polyps, or a personal or family history of [colorectal cancer](#)³ (sometimes called either colon cancer or rectal cancer) are risk factors for developing colorectal cancer. Being overweight, eating a diet high in red and processed meats, heavy alcohol use, smoking, and being inactive also increase risk. Studies also show having type 2 diabetes, irritable bowel syndrome, or certain hereditary syndromes can also increase a person's risk for colorectal cancer.

What you can do

Know your risk. Talk to your health care team about your risk factors. Staying at a healthy weight, eating well, being active, not smoking, and limiting or avoiding alcohol use might help lower your risk of colorectal cancer.

Get screened, even if you have no symptoms. Colorectal cancer often starts with a polyp – a small growth on the lining of the colon or rectum. Screening tests can often help find polyps before they become cancer. If pre-cancerous polyps are removed, and regular screening for other problems is done, colorectal cancer can be prevented. If colorectal cancer is found during regular screening, it is often at an early stage when it might be easier to treat.

For all people at average risk of colorectal cancer, the American Cancer Society recommends starting regular screening at age 45.

People who are in good health, you should continue regular colorectal cancer screening through the age of 75.

For people ages 76 through 85, the decision to be screened should be based on a person's preferences, life expectancy, overall health, and prior screening history. People over 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).

Stool-based tests

- Highly sensitive fecal immunochemical test (FIT) * every year, or
- Highly sensitive guaiac-based fecal occult blood test (gFOBT) * every year, or
- Multi-targeted 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 choose to be screened with a test other than colonoscopy, any abnormal test result should be followed up with colonoscopy.

If you are at high risk of colon cancer based on family history or other factors, you may need to start testing before age 45. Talk to a health care provider about your risk for colon cancer to know when you should start testing.

Skin cancer

Who is at risk?

Anyone can get [skin cancer](#)⁴. But people who spend a lot of time in the sun or use tanning beds have a higher risk for skin cancer. People with fair skin, especially those with blond or red hair, are at greater risk than people with darker coloring. Those who have weakened immune systems or close family members with skin cancer are also at higher risk for skin cancer.

What you can do

Here are some things you can do to help prevent skin cancer:

- Limit the time you spend in the sun, especially from 10 a.m. to 4 p.m., when its rays are strongest.
- Protect your skin by wearing hats with wide brims, long-sleeve shirts, and sunglasses when you are outside.
- Use a broad-spectrum sunscreen with an SPF of at least 30 on all exposed skin. Always follow the label directions when applying, and be sure to reapply it. You should even wear sunscreen on cloudy or overcast days, too, because UV rays travel through clouds.
- Avoid other sources of UV light, like tanning beds and sunlamps. These are dangerous and can damage your skin.
- Know your skin, and report any skin changes to a health care provider. Talk about your risk with them and think about asking for a skin exam done during your regular health check-ups.

Anal cancer

Who is at risk?

Infection with certain types of the human papillomavirus (HPV) increases the risk of most [anal cancers](#)⁵. HPV can be spread during sexual activity – including vaginal, anal, and oral sex – but sex doesn't have to occur for the infection to spread. HPV can be passed from one person to another during skin-to-skin contact with an infected area of the body. There are both low-risk and high-risk types of HPV. However, low-risk types of HPV don't develop into cancer, and the body is usually able to clear most of them by itself. But, high-risk types of HPV can stay in the body and may eventually develop into

cancer.

Smoking also increases your risk for this cancer. Another risk factor is a weak immune system because of HIV infection or other factors.

What you can do

While routine HPV vaccination is recommended for the prevention of certain cancers that can happen in men, it should be given at ages 9 to 12. However, HPV vaccination is also recommended for males 13 to 26 years of age who have not been vaccinated, or who haven't gotten all their doses.. HPV vaccination is also recommended through age 26 for men who have sex with men and for people with weakened immune systems (including people with HIV infection), if they have not previously been vaccinated. Vaccination at the recommended ages will help prevent more cancers than vaccination at older ages. If you're between the ages of 27-45, talk to your doctor to find out if HPV vaccination might benefit you.

Stopping smoking greatly reduces the risk of developing anal cancer and many other cancers.

It's important to remember that condoms can't protect completely because they don't cover every possible HPV-infected area of the body, such as skin of the genital or anal area. HPV can still be passed from one person to another by skin to skin contact with an HPV-infected area of the body that is not covered by a condom. Still, condoms may provide some protection against HPV.

There is no widely recommended screening test for anal cancer in the US. However, some experts recommend screening with a digital rectal exam (DRE) and an anal Pap test for those who might be at high risk for anal cancer. This test 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 this test might be right for you.

It's also important to know that if screening is done, it looks for cancer in people with no symptoms. If you have symptoms, report them to a health care provider right away. These may include any anal or rectal symptoms such as bleeding, itching, discomfort, pain, swelling, or discharge. A DRE will likely be done, along with other testing, and may help find some cases of anal cancer early.

Testicular cancer

Who is at risk?

About half of [testicular cancers](#)⁶ occur in men between the ages of 20 and 34, but it can be diagnosed in males of any age including children and elderly men. White men have a higher risk than men of other ethnic groups. One of the main risk factors for testicular cancer is a condition called cryptorchidism, or undescended testicle(s). A personal or family history of testicular cancer also increases a man's risk. Some evidence suggests that men with HIV, especially those with AIDS, are at greater risk for testicular cancer.

What you can do

There are no recommended screening tests for testicular cancer, but the American Cancer Society recommends men be aware of changes in their bodies. Most testicular cancers start with swelling or a lump on a testicle that's often painless. Or, one testicle may appear larger than the other. Men may also notice heaviness or achiness in the lower abdomen (belly) or scrotum. Some health care providers recommend monthly [testicular self-exams](#)⁷ after puberty. This helps you know what's normal for you so you can notice any changes. See a provider right away if you notice any changes or have any signs or symptoms of testicular cancer.

What else you can do to help reduce your cancer risk

- Stay away from tobacco.
- Get to and stay at a healthy weight.
- Get moving with regular physical activity.
- Follow a healthy eating pattern that includes plenty of fruits, vegetables, and whole grains, and that limits or avoids red/processed meats, sugary drinks, and highly processed foods.
- 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 check-ups and cancer screening tests.

The most common cancers in men are skin, prostate, lung, colorectal. Anal and testicular cancers are also found in men.

Knowing about these cancers and what you can do to help reduce your risk for cancer or finding it early may help save your life or the life of someone you love.

Hyperlinks

1. www.cancer.org/cancer/prostate-cancer.html
2. www.cancer.org/cancer/lung-cancer.html
3. www.cancer.org/cancer/colon-rectal-cancer.html
4. www.cancer.org/cancer/skin-cancer.html
5. www.cancer.org/cancer/anal-cancer.html
6. www.cancer.org/cancer/testicular-cancer.html
7. www.cancer.org/cancer/testicular-cancer/detection-diagnosis-staging/detection.html

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