Call for evidence: Men's Health Strategy

July 2025

World Cancer Research Fund examines how diet, weight and physical activity impact the risk of developing and surviving cancer. As part of an international network of charities, we have been funding life-saving research, influencing global public health policy and educating the public since 1982. While society continues searching for a cure, our prevention and survival work is helping people live longer, happier and healthier lives - free from the devastating effects of cancer.

Our response therefore focuses on our expertise in cancer prevention and cancer survivorship regarding diet, weight, alcohol and physical activity.

Priority areas for men's health

Cancer

Our latest analysis of UK-wide Cancer Registry[1] data show that more cases of cancer occur among men (200,870 cases in 2021) than women (194,311 cases in 2021). Importantly, the number of cancer cases among men appeared to have stabilised between 2019 and 2021, increasing by only 0.2%, however it is unclear why this is the case.

The three most common cancers impacting men are prostate, bowel and lung cancer.
Prostate cancer specifically impacts men and is the most common cancer among men, and the second most common cancer overall in the UK, with the latest data from 2021 noting 51,575 diagnoses[2] in 2021 and approximately 12,000 deaths per year[3]. This is followed by colorectal cancer, which saw 27,969 new cases in 2022 and 12,187 deaths[4], and lung cancer, which saw 24,932 new cases in 2021[5] and around 18,600 deaths per year[6].

Together, total incidence of these three most common cancers in men equated to 104,476 cases, whereas total incidence of the subsequent six most common cancers in men equated to 52,906. Underscoring the need to focus on prostate, bowel and lung cancer. Further, in terms of other cancer typically affecting men, GLOBOCAN data suggest that cancers of the testis (2,389) and penis (799) are relatively rare in the UK[7].

It is important to note that cancer is linked to health inequalities, with around a tenth of all cancer diagnoses in the UK are linked to deprivation, and an estimated 20,000 extra cases occurring each year in the UK's most deprived areas[8]. Many of these cases are caused by preventable risk factors, to which deprived

[1] World Cancer Research Fund. UK Cancer Statistics (2021.) Available at: https://www.wcrf.org/preventing-cancer/cancer-statistics/uk-cancer-statistics/#:~:text=In%202021%2C%20the%20most%20recent,7%2C400%20cases%20(around%202%25)
[2] World Cancer Research Fund. UK Cancer Statistics (2021). Available at: https://www.wcrf.org/preventing-cancer/cancer-statistics/uk-cancer-statistics/#:~:text=In%202021%2C%20the%20most%20recent,7%2C400%20cases%20(around%202%25)
[3] Prostate Cancer UK. Prostate Cancer Statistics (2025). Available at: https://prostatecanceruk.org/for-health-professionals/data-and-evidence#:~:text=The%20UK%20in%20numbers,prostate%20cancer%20in%20their%20lifetime.
[4] World Cancer Research Fund. Colorectal Cancer Statistics (2021). Available at: https://www.wcrf.org/preventing-cancer/cancer-statistics/colorectal-cancer-statistics/
[5]World Cancer Research Fund. UK Cancer Statistics (2021.) Available at: https://www.wcrf.org/preventing-cancer/cancer-statistics/uk-cancer-statistics/#:~:text=In%202021%2C%20the%20most%20recent,7%2C400%20cases%20(around%202%25)
[6] Cancer Research UK. Lung Cancer Statistics. Available at: https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/lung-cancer#lung_stats1
[7] Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, Bray F. Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. CA Cancer J Clin. 2021 May;71(3):209-249. doi: 10.3322/caac.21660. Epub 2021 Feb 4. PMID: 33538338.
[8] Dr Philip Crosbie, Dr Suzanne Johnson, Professor David Shackley. Manchester Cancer Research Centre. Disadvantage and Disease: Finding Solutions to Inequalities in Cancer. Available at: https://www.mcrc.manchester.ac.uk/media/resources/on-cancer/disadvantage-and-disease-finding-solutions-to-inequalities-in-cancer/

groups have greater exposure. For example, smoking rates in the most deprived parts of the country are at least triple those in the least deprived[9].

- **We recommend the Men's Health Strategy therefore focuses on addressing prostate, bowel and lung cancer as a priority, whilst recognising that action to address key modifiable risk factors for cancer will reduce the prevalence of other cancer cases in men.**
- **Given the nature of lung cancer and skin cancer, which are caused almost entirely by smoking and sun exposure, we recommend the Strategy includes specific provisions to address these risk factors.**

The remaining priority areas we recommend are a focus of the Men's Health Strategy are key modifiable risk factors for cancer and are directly linked to our WCRF's Cancer Prevention Recommendations. These are evidenced based recommendations for individuals and societies to reduce cancer as well as contributing to risk reduction of a range of other non-communicable diseases[10].

Weight

Overweight and obesity is a well-established risk factor for 13 cancer types[11]. It is the second largest modifiable risk factor after smoking, yet the leading cause of bowel, kidney, and liver cancer in the UK[12]. Prevalence of overweight, including obesity, was found to be more common among men (67%) than women (61%) in the most recent Health Survey for England (HSE)[13].

Whilst men aged 16-24 had the lowest levels of overweight and obesity at 35%, compared with 38% for women in the same age group, this increased to a staggering 80% among men aged 55-64, which is 11% higher than women in the same age group.

Diet plays a significant role in weight, as does physical activity, which evidence shows is protective against cancers of the that physical activity protects against various cancers impacting men including colon, bladder, stomach, kidney, and oesophagus[14].

Again, it is important to note the significant role that health inequalities play regarding men's weight and diet.

- The prevalence of overweight and obesity, the second biggest cause of cancer in England, is also highest in the most deprived areas - 71.5% are overweight whilst 35.9% have obesity[15]. Furthermore, rates are increasing faster in the most deprived groups in England but have levelled off among wealthier groups[16].
- A significant driver of this is the food environment. Statistics published by the Office for Health Improvement and Disparities in February 2025 show that the number of fast-food outlets per head of population in the most deprived areas of England are double the level in the least deprived areas, at 147 versus 73 per 100,000[17].

[9] Public Health England. Smoking Prevalence Data. Available at: https://fingertips.phe.org.uk/search/smoking#
[10] World Cancer Research Fund. Cancer Prevention Recommendations. Available at: https://www.wcrf.org/preventing-cancer/cancer-prevention/our-cancer-prevention-recommendations/
[11] World Health Organisation. WHO European Regional Obesity Report. Copenhagen: WHO Regional Office for Europe. 2022.
[12] Brown, K.F., Rumgay, H., Dunlop, C. *et al.* The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. *Br J Cancer* 118, 1130–1141 (2018). doi: 10.1038/s41416-018-0029-6
[13] NHS England. Health Survey for England (2022). Available at: https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-2/adult-overweight-and-obesity
[14] World Cancer Research Fund/American Institute for Cancer Research. Continuous Update Project Expert Report 2018. Physical activity and the risk of cancer. Available at dietandcancerreport.org
[15] UK Government. Obesity Profile Short Statistical Commentary. 2024. Available at: https://www.gov.uk/government/statistics/update-to-the-obesity-profile-on-fingertips/obesity-profile-short-statistical-commentary-may-2024
[16] UK Health Security Agency. Patterns and Trends in Excess Weight Among Adults in England. 2021. Available at: https://ukhsa.blog.gov.uk/2021/03/04/patterns-and-trends-in-excess-weight-among-adults-in-england/
[17] UK Government. Wider Determinants of Health Statistical Commentary. 2025. Available at: https://www.gov.uk/government/statistics/wider-determinants-of-health-february-2025-update/wider-determinants-of-health-statistical-commentary-february-2025

- Moreover, evidence suggests that advertisements for unhealthy food are more concentrated in deprived areas[18].

Diet

As set out below, men tend to have unhealthier diets, and make poorer dietary choices than women in relation to the four Cancer Prevention Recommendations on diet:

1. **Eat wholegrains, vegetables, fruit and beans**
2. **Limit 'fast foods'**
3. **Limit sugar sweetened drinks**
4. **Limit red and processed meat**

1. Eat wholegrains, vegetables, fruit and beans

There is strong evidence that eating wholegrains protects against colorectal cancer, and that eating foods containing dietary fibre also protects against colorectal cancer and against weight gain, overweight and obesity[19], which is a key modifiable risk factor for cancer. This aspect of diet is therefore important to preventing cancer.

In England, the best indication of how well men in England are meeting this recommendation is the HSE which asks about consumption of different types of fruits and vegetables on the previous day, including the amount eaten on salad, pulses, vegetables, fruit juice, fresh, dried, frozen and tinned fruit[20].

The World Health Organisation recommends that adults eat at least 400g of fruit and vegetables a day to promote general health and reduce the risk of non-communicable diseases[21]. The NHS interprets this recommendation with advice to eat at least five 80g portions every day or 5 portions.

Overall, in comparison to women, men eat less fruit and vegetables, although there is quite significant variation between ethnic groups. Latest analysis of the HSE published in 2022[22], found that:

- Between 2011 and 2018, fruit and vegetable consumption remained broadly stable.
- In the same period, the average number of portions consumed by men varied between 3.4 and 3.6 portions.
- Between 24% and 26% of men consumed five or more portions of fruit and vegetables a day.
- Consumption of five or more portions of fruit and vegetables a day varied across ethnic groups from 21% to 39% of men, with consumption lowest amongst white Irish, Black Caribbean and white British men.
- Taking age into account, no group of men stood out as having particularly high mean consumption.

We recommend the Men's Health Strategy makes a concerted effort to increase men's consumption of wholegrains, vegetables, fruits and beans across all ages with a focus on ethnic groups with the lowest consumption. This will play a role in improving the diet of men overall and reducing diet-related ill-health.

[18] Palmer, G., Green, M., Boyland, E. et al. A deep learning approach to identify unhealthy advertisements in street view images. Sci Rep 11, 4884 (2021). doi: 10.1038/s41598-021-84572-4

[19] World Cancer Research Fund/American Institute for Cancer Research. Continuous Update Project Expert Report 2018. Diet, nutrition, physical activity and colorectal cancer. Available at dietandcancerreport.org

[20] NHS England. Health Survey for England – Adult Overweight and Obesity (2022). Available at: https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-2/adult-overweight-and-obesity

[21] World Health Organization. Health Diet (2020). Available at: https://www.who.int/news-room/fact-sheets/detail/healthy-diet

[22] NHS England. Health Survey for England – Fruit and Vegetable Consumption (2022). Available at: https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-england-additional-analyses/ethnicity-and-health-2011-2019-experimental-statistics/fruit-and-vegetable-consumption

2. Limit 'fast foods' and 3. Limit sugar sweetened drinks

Globally and in the UK, men eat more 'fast food', eat out more, and consume more sugar sweetened drinks than women[23,24,25].

A 2022 YouGov food study showed that on average, men aged 16+ consumed more fast food than women, with 21% of men saying they eat takeaways once a week compared with 17% of women[26]. The survey also found that men on average drank more 'fizzy drinks' than women. This is corroborated by latest findings from the National Diet and Nutrition Survey, which found that among adults, average consumption was highest in men aged 19 to 64 years (108mls per day; highest consumers 768mls per day)[27].

There is strong evidence that diets containing greater amounts of 'fast foods' and other processed foods high in fat, starches or sugars are causes of weight gain, overweight and obesity and convincing evidence in the same regard relating to sugar sweetened drinks, especially when consumed frequently or in large portions[28]. Thus, contributing to increased rates of overweight and obesity among men (69.2%) compared with women (58.6%).[29]

With obesity being a prevalent modifiable risk factor for at least 13 cancer types, we recommend the Men's Health Strategy makes a concerted effort to decrease men's consumption of fast food and sugar sweetened drinks. This will play a role in improving the diet of men overall and reducing diet-related ill-health.

4.Limit red and processed meat

There is strong evidence that consuming red or processed meat are causes of colorectal cancer[30]. Moreover, there is no level of processed meat intake that can confidently be associated with no increased risk of colorectal cancer. Notably, the risk of colorectal cancer risk in men is higher with male incidence rates of colorectal cancer 44% higher than those in women in 2022[31]. Higher red and processed meat consumption in men is likely to be a contributing factor to this discrepancy.

The UK government recommends that people who eat more than 90g of red or processed meat a day should cut down to 70g. It is well established that meat consumption is higher among men than women across North America and Europe, including in the UK[32]. Additionally, a 2022 YouGov food study found that 82% of men ate meat compared with 69% of women, with 8% of women reported being vegetarian compared with 3% of men[33].

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[23] Birch, J., Petty, R., Hooper, L., Bauld, L., Rosenberg, G., & Vohra, J. (2018). Clustering of behavioural risk factors for health in UK adults in 2016: a cross-sectional survey. Journal of Public Health (Oxford, England), 41, e226 - e236. https://doi.org/10.1093/pubmed/fdy144.

[24] Puch, E., Grzymisławska, M., Zawada, A., & Grzymisławski, M. (2020). Do nutritional behaviors depend on biological sex and cultural gender?. Advances in clinical and experimental medicine : official organ Wroclaw Medical University. https://doi.org/10.17219/acem/111817.

[25] Birch, J., Petty, R., Hooper, L., Bauld, L., Rosenberg, G., & Vohra, J. (2018). Clustering of behavioural risk factors for health in UK adults in 2016: a cross-sectional survey. Journal of Public Health (Oxford, England), 41, e226 - e236. https://doi.org/10.1093/pubmed/fdy144.

[26] YouGov. The YouGov Food Study (2022). Available at: https://d3nkl3psvxxpe9.cloudfront.net/documents/YouGov_Big_Survey_Results_-_Food.pdf

[27] Office for Health Improvement and Disparities. National Diet and Nutrition Survey (2023). Available at: https://www.gov.uk/government/statistics/national-diet-and-nutrition-survey-2019-to-2023/national-diet-and-nutrition-survey-2019-to-2023-report

[28] World Cancer Research Fund/American Institute for Cancer Research. Continuous Update Project Expert Report 2018. Die, nutrition and physical activity: Energy balance and body fatness. Available at dietandcancerreport.org

[29] NHS England. Health Survey for England – Adult Overweight and Obesity (2022). Available at: https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-2/adult-overweight-and-obesity

[30] World Cancer Research Fund/American Institute for Cancer Research. Continuous Update Project Expert Report 2018. Diet, nutrition, physical activity and colorectal cancer. Available at dietandcancerreport.org

[31] NHS England. Cancer Registration Statistics, England (2022). Available at: https://digital.nhs.uk/data-and-information/publications/statistical/cancer-registration-statistics/england-2022

[32] Hopwood, C.J., Zizer, J.N., Nissen, A.T. et al. Paradoxical gender effects in meat consumption across cultures. Sci Rep 14, 13033 (2024). https://doi.org/10.1038/s41598-024-62511-3

[33] YouGov. The YouGov Food Study (2022). Available at: https://d3nkl3psvxxpe9.cloudfront.net/documents/YouGov_Big_Survey_Results_-_Food.pdf

The latest National Diet and Nutrition Survey published in June 2025[34] provides further details on men's consumption of red and processed meat, showing that in 2019 to 2023:

- Average consumption of red and processed meat was below 70g per day in all age and sex groups, yet intake of red and processed meat was higher in men than women, with the highest average intake in men aged 19 to 64 years (66g per day).
- In this age group, 27% of men consumed more than 90g of red and processed meat per day compared with 6% of women.

Another study published in the European Journal of Nutrition found that, for total red and processed meat, 57% of men and 31% of women in the UK consumed more than 70g a day[35].

We therefore recommend that the Men's Health Strategy makes a concerted effort to reduce men's consumption of red and processed meat, with a particular focus on reducing the percentage of men who consume more that 90g a day. This will play a role in improving the diet of men overall and reducing the risk of colorectal cancer in men.

Alcohol

Alcohol is a well-established risk factor for 7 cancers[36], with risks present at low levels of consumption[37]. Concerningly 32% of men in England regularly drink alcohol over the guidelines, more than double the number of women (15%)[38]. Additionally, men's average alcohol consumption has recently climbed to 17.6 units per week – the highest average in 10 years[39].

- Men aged 65–74 are the most likely age group to drink alcohol above the recommended weekly limits, with 40% consuming alcohol at increasing (above 14 units a week) or higher risk levels (over 50 units a week), closely followed by those aged 55–64 at 38%[40].
- Additionally, the risk of cancer among those who drink alcohol is further increased if they smoke as well as drink – the increased risk has been found to be multiplicative (greater than the risk that would be expected if only 1 of the risk factors was considered)[41]. A higher percentage of men in the UK smoke compared with women (13.7% of men and 10.1% of women, respectively)[42].
- Levels of alcohol consumption is also an inequalities issue. People living in deprived areas are much more likely to experience an alcohol-related hospital admission or die of an alcohol-related cause[43].

[34] Office for Health Improvement and Disparities. National Diet and Nutrition Survey (2023). Available at: https://www.gov.uk/government/statistics/national-diet-and-nutrition-survey-2019-to-2023/national-diet-and-nutrition-survey-2019-to-2023-report
[35] Hobbs-Grimmer, D.A., Givens, D.I. & Lovegrove, J.A. Associations between red meat, processed red meat and total red and processed red meat consumption, nutritional adequacy and markers of health and cardio-metabolic diseases in British adults: a cross-sectional analysis using data from UK National Diet and Nutrition Survey. Eur J Nutr 60, 2979–2997 (2021). https://doi.org/10.1007/s00394-021-02486-3
[36] World Cancer Research Fund. Alcoholic Drinks. Available at: https://www.wcrf.org/wp-content/uploads/2024/10/Alcoholic-Drinks.pdf
[37] Alcohol Change UK. Alcohol Harm Across the Drinking Spectrum. 2025. Available online: https://s3.eu-west-2.amazonaws.com/sr-acuk-craft/documents/Alcohol-harm-across-the-drinking-spectrum-2.pdf
[38] NHS Digital. Health Survey for England, 2022 Part 1. 2024. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-1/health-survey-for-england-2022-part-1-data-tables
[39] NHS Digital. Health Survey for England, 2022 Part 1. 2024. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-1/health-survey-for-england-2022-part-1-data-tables
[40] NHS Digital. Health Survey for England, 2022 Part 1. 2024. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-1/health-survey-for-england-2022-part-1-data-tables
[41] Jun S, Park H, Kim UJ, Lee HA, Park B, Lee SY, Jee SH, Park H. The Combined Effects of Alcohol Consumption and Smoking on Cancer Risk by Exposure Level: A Systematic Review and Meta-Analysis. J Korean Med Sci. 2024 Jun 10;39(22):e185. doi: 10.3346/jkms.2024.39.e185. PMID: 38859742; PMCID: PMC11164648.
[42] Action on smoking and health (ash). Smoking statistics (2024). Available at: https://ash.org.uk/uploads/Smoking-Statistics-Fact-Sheet.pdf?v=1697728811
[43] Alcohol Change UK. Alcohol and inequalities. Available at: https://alcoholchange.org.uk/policy/policy-insights/alcohol-and-inequalities

Again, environments are a contributor to this, with studies suggesting that increased alcohol advertising may contribute to alcohol-related inequalities[44].

- The prevalence of high-risk drinking among men is often not recognised due to harmful social norms and men are less likely to seek support for their alcohol consumption.
- Increased alcohol consumption in men is due toa wide range of complex factors including societal norms, availability and affordability of alcohol and marketing practices.
- Current government alcohol policy does not sufficiently protect the public, including men, from alcohol's harms or appropriately restrict price, access or consumption.

Inequalities

As set out, each of the above modifiable risk factors are caused and exacerbated by health inequalities and thus the Men's Health Strategy must implement strategies to tackle these at every stage.

Improving support for healthier behaviours

Healthier behaviours are key to cancer prevention

Tackling cancer risk at scale requires bold, population-wide policies that reshape the environments influencing our health. Measures like food regulation, pricing, and urban planning can drive widespread impact. These universal approaches can be further strengthened by targeting specific groups - such as men - who may face unique barriers to prevention. Combining structural change with tailored strategies is key to reducing cancer risk across the population and reducing health inequalities.

Weight, diet and physical activity

To address obesity as a modifiable risk factor for at least 13 cancers, the Men's Health Strategy must foster environments for men and boys that reduce physical inactivity and promote accessible, healthy diets. Many of these are outlined in the 'Recipe for Health' report[8] recommendations and will help the government meet the health objective set out under the National Food Strategy[9].

These include:

- **Expanding the Soft Drinks Industry Levy (SDIL) to food**, through a universal sugar and salt tax or category-based model - to incentivise reformulation across the board and improve the healthiness of foods available to purchase.
    - Additionally, revenues from SDIL must be invested in initiatives to improve child health and make healthy foods more affordable, accessible, and available.
- **Extending advertising restrictions, due to come into force on junk food in January 2026, to all unhealthy food,** including brand and outdoor advertising and marketing to infants. This is particularly pertinent in sport settings (which are typically male dominated), given the British Medical Journal's recent investigation, which found more than 90 current partnerships that top British sporting stars, teams, and organisations have with companies and brands that sell food or drink that is high in fat, salt, or sugar (HFSS)[45].
- **Stronger and broader restrictions on takeaways[46],** through stricter enforcement of the existing National Policy Planning Framework[47].
- **Implement universal free or subsidised healthy school meals with provisions for school holidays,** to build on the government's welcome roll out of breakfast clubs and expansion of free school meals to those qualifying for Universal Credit.

[44] Institute of Alcohol Studies. Outdoor Alcohol Advertising by Area of Deprivation. 2024. Available at: https://www.ias.org.uk/report/outdoor-alcohol-advertising-by-area-of-deprivation/
[45] Borland S. Junk food "avoids advertising regulation" with top level UK sports sponsorship BMJ 2025; 390 :r1363 doi:10.1136/bmj.r1363
[46] British Medical Journal (BMJ). McDonald's triumphs over councils' rejections of new branches—by claiming it promotes "healthier lifestyles" (2025). doi:https://doi.org/10.1136/bmj.r163
[47] National Planning Policy Framework. Available at: https://www.gov.uk/government/publications/national-planning-policy-framework--2

- **The outcome of the current School Food Standards review must align with the Scientific Advisory Committee on Nutrition's (SACN) advice on dietary intake of free sugars and fibre and set out that schools should always make drinking water freely available and should offer no drinks except water and milk.**
    - **Provide guidance on how the standards apply to school breakfasts** once introduced.
    - **Implement a compliance monitoring system on the School Food Standards by the end of 2025** - the results of which must be published online.
    - **Reform the Government Buying Standards for Food and Catering Services** to ensure that schools as well as other public sector organisations procure healthier food.
- **Consider pharmacological treatments for overweight and obesity, without exacerbating health inequalities.**

Alcohol

To reduce alcohol consumption amongst men, the Men's Health Strategy must be developed alongside a National Alcohol Strategy for England that introduces the following evidenced-based policies – all of which are WHO Best Buys[48]:

- **Ensure the implementation of mandatory labelling on alcoholic drinks, as committed to in the 10-Year Health Plan, includes an explicit warning on the link between alcohol and cancer given low awareness amongst men.**
    - Evidence suggest that such labelling could increase awareness of alcohol-related health risks and prompt behaviour change[49].
- **Increase marketing restrictions on alcohol by classifying it as an 'unhealthy product' under HFSS (high in fat, sugar, and salt) marketing restrictions** to limit its promotion, particularly to vulnerable populations including children and adolescents.
    - Exposure to alcohol marketing has been linked to earlier initiation of drinking and increased consumption among young people[50].
    - In particular, alcohol advertising must be decoupled from sporting events, which are very often dominated by male audiences.
- **Implement minimum unit pricing for alcohol in England that is adjusted for inflation** to reduce excessive drinking by ensuring that the cheapest alcohol cannot be sold below a certain price.
    - Evidence from Scotland indicates that such policies can lead to reductions in alcohol-related harm, including a 10% decrease in alcohol-specific deaths within the first year of implementation[51], whilst not harming sales in pubs and restaurants.

Improving outcomes for health conditions that affect men

Improving cancer outcomes for men living with and beyond cancer

Alongside the primary prevention of cancer amongst men, tertiary prevention – which reduces morbidity and improves outcomes for those living with and beyond cancer (LWBC) – is equally important. Our expertise on cancer survivorship and tertiary prevention are focused on the significant role that nutrition and physical activity can play in improving outcomes, quality of life and reducing the risk of cancer reoccurrence.

[48] World Health Organization. Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed (2024). Available at: https://www.who.int/publications/i/item/9789240091078
[49] Alcohol health warning labels: a public health perspective for Europe. Copenhagen: WHO Regional Office for Europe; 2025. Licence: CC BY-NC-SA 3.0 IGO. Available at: https://iris.who.int/bitstream/handle/10665/380399/9789289061681-eng.pdf?sequence=4
[50] Jernigan, D., Noel, J., Landon, J., Thornton, N., and Lobstein, T. (2017) Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. Addiction, 112: 7–20. https://doi.org/10.1111/add.13591
[51] Public Health Scotland. Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. A synthesis of the evidence 2023. Available at http://bit.ly/4e1HPEE

Firstly, it is important to note that the ageing and growing population combined with gradual improvements in cancer diagnosis and treatment, mean that more people are living longer after their diagnosis and therefore more people require support to live well with and beyond cancer. As with measures to improve to improve primary prevention of cancer, measures regarding tertiary prevention in relation to nutrition and physical activity must be applied at a population level. For example, nutrition and physical activity support for those along the cancer treatment pathway must be applied to everyone, including men, rather than applying to men exclusively.

Nutrition and physical activity support

- Chemotherapy can impact the amount and types of food patients can eat, significantly increasing their risk of malnutrition, leading to poorer outcomes as patients may need to pause or stop treatment.
- Despite this, evidence suggests that many people living with cancer don't have access to a specialist dietitian to help manage side effects related to eating or wait many months for an NHS appointment[52].
- WCRF's research shows that physical activity in particular results in improved quality of life[53]. Despite this, patients are not given advice on physical activity along the cancer treatment pathway.
- Prehabilitation, a programme of support for those preparing for cancer treatment covering diet and physical activity as well as mental health, has many benefits including fewer side-effects and less time spent recovering in hospital[54].

We therefore urge the Men's Health Strategy to include provisions along the NHS cancer treatment pathway and in primary care settings for those LWBC to access expert nutrition and physical activity advice by:

- **Increasing the number and availability of specialists, including Oncology Specialist Dietitians.**
- **Ensuring that staff supporting cancer patients are equipped to provide nutritional and physical activity advice** through improved training for healthcare professionals in health care settings and improved access to evidenced-based resources.
- **Offer prehabilitation as standard in all NHS Trusts.**
- **Include questions about dietary advice and physical activity in the National Cancer Patient Experience Survey** to better understand how male patients are being supported and offered information.

Finally, cancer patients must be signposted to support services provided by charities. In light of the role charities supporting cancer patients play, they must be viewed as a key delivery partner for NHS cancer services - provided with financial aid to support those LWBC in recognition of the burden they can alleviate from the NHS.

Cancer Screening

Whilst primary prevention remains the most sustainable, long-term and cost-effective approach to tackling cancer, secondary prevention through early diagnosis and screening is an important part of improving outcomes by reducing the need for costly late-stage treatments, which are often inaccessible.

As Prostate Cancer UK states, current NHS prostate cancer guidance is out of date, putting men's lives at risk and making health inequalities worse[55]. One of the starkest inadequacies is that men at more than double the risk of prostate cancer – including Black men, and those with a family history of the disease – must request their own tests, with GPs told not to raise the issue with men unless they have symptoms. Yet evidence shows that early-

[52] World Cancer Research Fund International. Cancer and Nutrition Helpline Impact Report Year 1. 2024. Available at: https://www.wcrf.org/wp-content/uploads/2024/10/Cancer-and-Nutrition-Helpline-Y1-Web-version.pdf
[53] World Cancer Research Fund International. Dietary and lifestyle patterns for cancer prevention: evidence and recommendations from CUP Global. 2025. Available at: https://www.wcrf.org/wp-content/uploads/2025/04/DLP_Full_Report_FINAL.pdf
[54] World Cancer Research Fund International. Cancer Prehabilitation. 2024. Available at: https://www.wcrf.org/living-well/living-with-cancer/cancer-prehabilitation/
[55] Prostate Cancer UK. NHS Guidance Campaign (2024). Available at: https://prostatecanceruk.org/about-us/news-and-views/2024/06/nhs-guidance-campaign

stage prostate cancer doesn't usually cause symptoms, and early diagnosis is linked to improved outcomes. Only half of men (53%) are diagnosed at stage 1 or 2 – a long way off the NHS target of 75% by 2028. This is one of the biggest inequities in men's health and is likely driving health inequalities, particularly for Black men and men in poverty.

We therefore support Prostate Cancer UK's recommendation for the government to update NHS prostate cancer guidance so that healthcare professionals are required to proactively speak to men at highest risk – including Black men and men with inherited risk – about their options so they can choose whether to have a PSA blood test. This must be implemented regardless of the outcome of the National Screening Committee's review into prostate cancer.

More broadly, men are less likely to participate in cancer screening. For example, in 2023-24, 70.3% of women took part in the national screening programme for bowel cancer compared to 64.9% of men[56]. This issue is also impacted by health inequalities, with people who live in the most deprived areas less likely to participate in screening than those who live in the least deprived areas[57].

Hence, every interaction that health care professionals have with male patients must be utilised regardless of the presenting health problem. This can be done by asking patients if they have participated in any national screening programmes that are relevant to them or providing information and advice.

Men's access, engagement and experience of the health service

- *examples of solutions that have improved men's engagement and experience of healthcare services*
- *recommendations for how healthcare services can improve how they engage men and the experience they offer*
- *any gaps in data or evidence*

Improving men's access, engagement and experience of the health service

Through our delivery of health information services focused on cancer prevention and survivorship for men, alongside collaboration with other cancer organisations, we have gained valuable insight into how current health services must evolve to better meet the specific needs of men

Services

The most cited reasons for not attending healthcare services amongst men are the inability to get time off work, inconvenient opening times, long waiting times, potential loss of earnings and not being aware of the services available to them[58]. Men's health seeking behaviours are also influenced by their perceptions of masculinity and their reluctance to attend services could relate to embarrassment and the stigma associated with these notions[59].

[56] NHS England. Bowel cancer screening standards data report 2023-24. Available at: https://www.gov.uk/government/publications/bowel-cancer-screening-annual-report-2023-to-2024/bowel-cancer-screening-standards-data-report-2023-24
[57] NHS England. Bowel cancer screening standards data report 2023-24. Available at: https://www.gov.uk/government/publications/bowel-cancer-screening-annual-report-2023-to-2024/bowel-cancer-screening-standards-data-report-2023-24
[58] Parliamentary Office of Science and Technology (POST). 2023. POSTbrief 56: Men's Health. UK Parliament.https://researchbriefings.files.parliament.uk/documents/POST-PB-0056/POST-PB-0056.pdf References 186-188. doi:https://doi.org/10.58248/PB56
[59] Parliamentary Office of Science and Technology (POST). 2023. POSTbrief 56: Men's Health. UK Parliament.https://researchbriefings.files.parliament.uk/documents/POST-PB-0056/POST-PB-0056.pdf Reference 189 doi:https://doi.org/10.58248/PB56

Other possible reasons for lower attendance among men could be related to lower health literacy compared to women, which may lead to poorer symptom recognition and the misunderstanding of health risks[60]. Within this, cancer is a particular problem area, with evidence suggesting that men have poorer awareness and recognition of cancer symptoms than women[61].

In the case of bowel cancer screening for example, it has been shown that men are less aware of the screening process and have a poorer understanding of how it works than women[62]. These factors may contribute to lower uptake in these programs amongst men, later stage diagnosis and thus lower survivability.

Additionally, symptom recognition and health literacy about testicular cancer has also been as an important area for men. Early detection of the disease through testicular self-examination is recommended by health professionals, but studies have shown that young men rarely practice monthly self-examination[63].

- **We therefore recommend that the Men's Health Strategy make provision for evening and weekend health services to allow more men to attend.**
- **We also recommend men-focused services where appropriate, and men-focused communications and health campaigns – including to encourage attendance of all routine and age-linked check-ups.**
- **The Strategy must also seek to improve the health literacy of men and boys through education and the workplace. This education must address any stigma associated with health seeking collectively through accessible information and resources which empower men to understand their health risks and make informed decisions.**
- **The Strategy must also harness the solidarity and support that virtual and physical spaces where men congregate can provide including activities around male-dominated sports, hobbies and workplaces.**

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[60] Parliamentary Office of Science and Technology (POST). 2023. POSTbrief 56: Men's Health. UK Parliament.https://researchbriefings.files.parliament.uk/documents/POST-PB-0056/POST-PB-0056.pdf References 9,10,190,191. doi:https://doi.org/10.58248/PB56

[61] Parliamentary Office of Science and Technology (POST). 2023. POSTbrief 56: Men's Health. UK Parliament.https://researchbriefings.files.parliament.uk/documents/POST-PB-0056/POST-PB-0056.pdf References 188,192.193. doi:https://doi.org/10.58248/PB56

[62] Parliamentary Office of Science and Technology (POST). 2023. POSTbrief 56: Men's Health. UK Parliament.https://researchbriefings.files.parliament.uk/documents/POST-PB-0056/POST-PB-0056.pdf References 194 and 195 doi:https://doi.org/10.58248/PB56

[63] Parliamentary Office of Science and Technology (POST). 2023. POSTbrief 56: Men's Health. UK Parliament.https://researchbriefings.files.parliament.uk/documents/POST-PB-0056/POST-PB-0056.pdf References 196 and 197 doi:https://doi.org/10.58248/PB56