

PRESS

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MOVEMBER – THE LATEST ON PREVENTING AND SCREENING FOR MALE CANCERS

The Brussels University Hospital, composed of the Erasmus Hospital, the Jules Bordet Institute and the HUDERF, support the Movember initiative and remind the importance of cancer screening for men. The frequency of prostate cancer diagnoses at a localized stage and requiring treatment has increased, especially in younger men. However, thanks to screening policies that detect cancers earlier and medical advances, mortality is decreasing.

What is the "Movember" movement?

Movember is an annual event organised by the *Movember Foundation Charity*. Every November, men from all over the world are invited to grow a moustache to increase public awareness and thereby help raise funds for research into male diseases. The name results from the contraction of "mo", an abbreviation of moustache, and "November". Since 2003 this Australian Foundation has taken up the challenge of "changing the face of male health". Men who wish to participate in Movember and show their support for the cause can register on the foundation's official site at www.movember.com and begin the month with a clean shave. Having officially become "Mo Bros" they must then leave their moustache to grow and maintain it throughout the month of November.

The prevention of male cancers

We are not all equal in the face of cancer. Independently of lifestyle, the risk varies depending on our genetic makeup. Some genetic mutations bring an increased risk. Similarly, the existence of cancers in the family or personal cancer antecedents increase the individual risk. But for the vast majority of people with an average risk, the share of the avoidable risk is 30-40%. There are two main components of prevention: lifestyle and screening. The recommended lifestyle measures are summed up in the European Code Against Cancer: don't smoke, drink less, eat better, move and watch your weight.

Screening concerns the most common cancers. For men these are intestinal, prostate, skin and lung cancer. Screening is becoming increasingly personalised: before proposing screening procedures, the individual risk is assessed.

Screening for male cancers

Prostate cancer

The most common cancer among men. It affects one in 10 men.

There are pros and cons to prostate cancer screening. It permits detection of cancers at an early stage, which is the only stage when it is curable. But there is the risk of overtreatment (detection of cancers that would not have posed a problem if they had not been detected and are therefore treated unnecessarily). In men with no particular risk the screening can be proposed from the age of 50 and consists above all of measuring the "PSA" (Prostate-Specific Antigen) level in the blood coupled with a digital rectal examination. Depending on this level and/or the rate at which the PSA level changes between two readings, magnetic resonance imaging can subsequently enable the urologist to recommend a biopsy in the case of any anomaly. Some people are at greater risk, for example in cases of genetic mutation, a family history or among men of African origin.

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Testicular cancer

Rarer but it affects younger men. A family history, cryptorchidism (undescended testicle), infertility or the consumption of cannabis are risk factors. Progress resulting from a multidisciplinary approach at a reference centre such as the Jules Bordet Institute now makes it possible to beat this cancer in most cases and even at an advanced stage.

Intestinal cancer (colorectal cancer)

For the vast majority of men (average risk) it is recommended to undergo a test for the presence of blood in the faeces ("Colotest") every two years from the age of 50, or a colonoscopy every 10 years. In rare cases there can be a genetic risk (certain intestinal diseases are hereditary). The risk is also higher when there is a history of intestinal cancer among close family members or among persons suffering from an inflammatory disease of the colon. In these cases screening by colonoscopy every two to five years is recommended, sometimes from the age of 40. A diet rich in fibre, fruit and vegetables, a limited consumption of meat and alcohol, regular physical activity and a correct weight all reduce the risk of intestinal cancer.

Lung cancer

Screening for lung cancer is reserved for persons aged over 55 who have smoked a pack a day for 30 years and who stopped smoking less than 15 years ago (or who still smoke). For these risk persons it is also recommended to undergo a low dose thoracic scan every year. In this way it is possible to reduce by a quarter deaths from lung cancer among this risk group.

Skin cancer

Screening for this cancer is not recommended systematically for everyone. It is useful for people with a white skin and a high risk: cases of skin cancer among close family members, pale skin that is sensitive to the sun, high exposure to the sun (outdoor occupations, living in very sunny climates). Some genetic mutations ((BRCA 2, etc.) increase the risk significantly. Screening consists of a visual examination once a year, possibly coupled with a cartography and dermatoscopy if a suspect lesion is detected, with self-monitoring based on ABCDE criteria (Asymmetry, irregular Borders, uneven distribution of Colour, a Diameter that is greater than 6 mm or Different (another aspect than the other naevi), Evolution or Elevation (thickness)).

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ABOUT THE H.U.B

The Hôpital Universitaire de Bruxelles (H.U.B) is the academic hospital of the Université Libre de Bruxelles (ULB), which unites the Jules Bordet institute, the Erasme Hospital and the Queen Fabiola Children's University Hospital (HUDERF) since 2021.

As an international reference center, located in the heart of the Brussels Region, the H.U.B offers high quality general, oncological and pediatric care.

This excellent care, accessible to all, is enriched and sustained by a dual approach of scientific research and teaching for the caregivers of tomorrow.

In 2022, the H.U.B. is composed of more than 6,000 employees who share the following values: Interest of the patient, Team spirit, Commitment, Solidarity, Diversity and Inclusion, and the principle of Free enquiry.