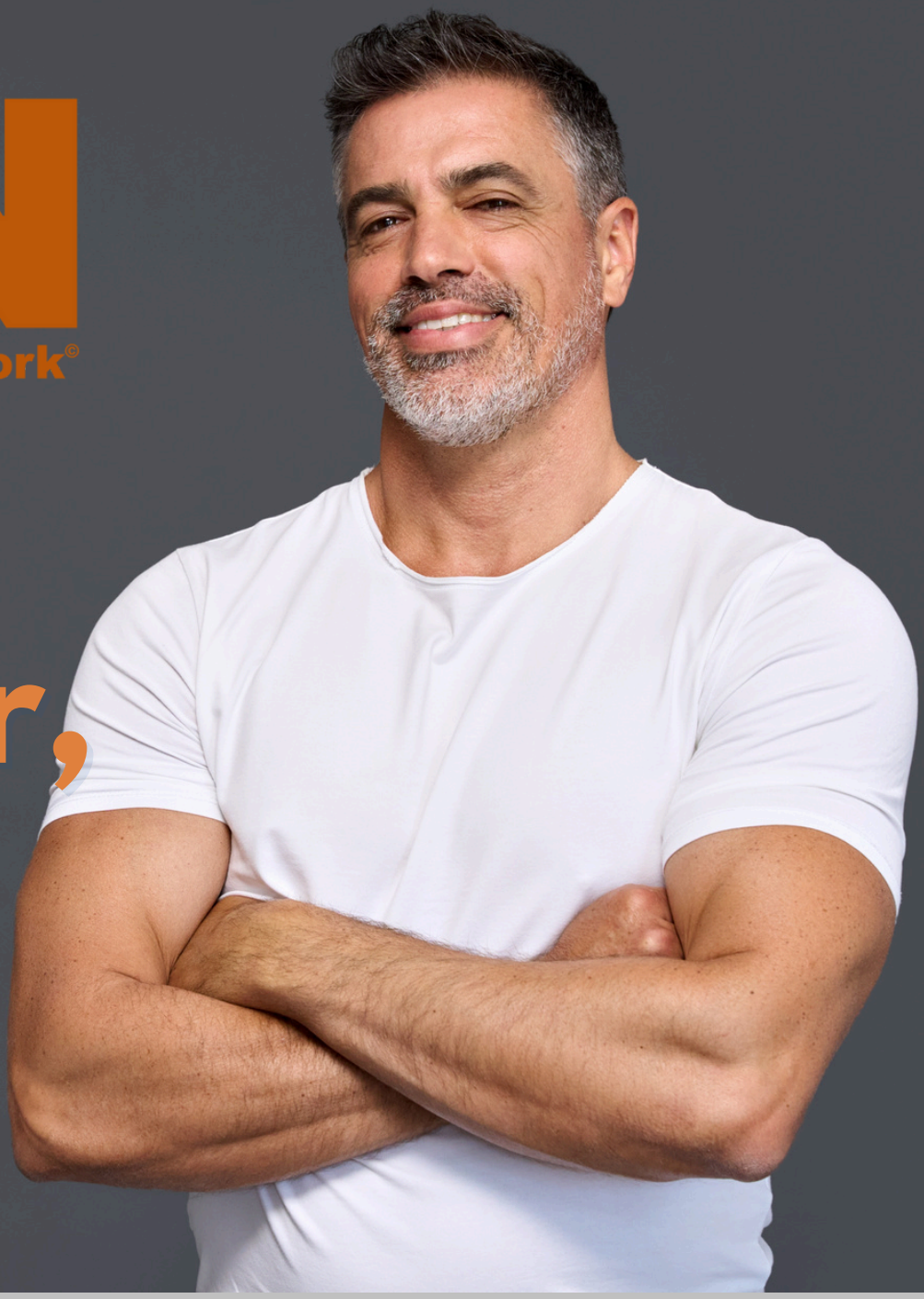
Men's Health Network©

My Cancer, My Plan



THE CANCER PLAYBOOK FOR NEWLY DIAGNOSED MEN

EVERY MAN'S CANCER IS DIFFERENT.

YOUR PLAN SHOULD BE TOO.

What this Guide Does

You didn't choose cancer. But you can choose how to face it.

This guide is built for men who want to take an active role in their cancer journey, no matter where they're starting from. Whether you've just been diagnosed or are already deep into treatment, this isn't fluff. It's a strategy manual for your health, built with the facts, tools, and plain talk you need to make smart decisions and stay in control.

Quick Note on Language

You'll see terms explained in plain language throughout this guide - whether it's biomarkers, AR-V7, or clinical trials. **You don't have to memorize it all.** But the more you understand, the stronger your plan becomes.

This guide is for informational purposes only and is not intended as medical advice. Always consult with your healthcare provider before making decisions about your cancer. Men's Health Network does not endorse any specific medical treatments, products, or clinical trials referenced in this guide.

What's Inside...

- What men need to know about cancer—and why outcomes are worse for us
- The difference between biomarker testing and genetic testing
- The new **tools that help match your cancer to the right treatment**
- Real questions to ask your care team (including when they don't have answers)
- A blueprint for building your plan
- **Lifestyle moves that can help you fight back** - mentally, physically, and emotionally

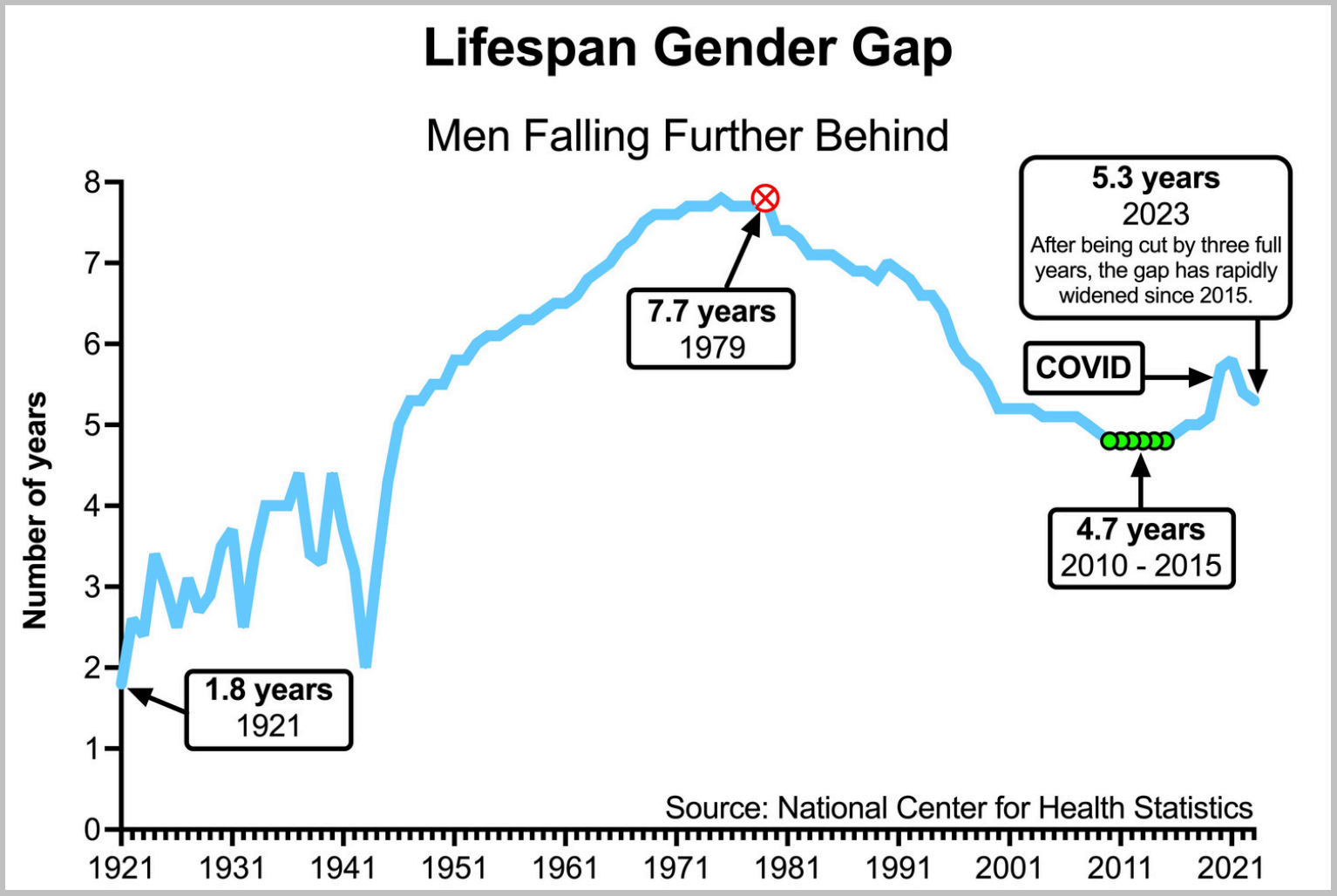
What this Guide is...

- **Practical**. No jargon, no BS. Just real advice on what works, what to ask, and what to do next.
- **Empowering**. We don't just give you facts—we help you use them.
- **Holistic**. You'll get more than treatment info. You'll get a full-body, full-life plan built around what matters to you.
- **Biomarker-smart**. We cover how new science is changing cancer treatment, and why you need to know what's happening inside your tumor.

Made for men. Especially men who aren't used to talking about this stuff.

What this Guide isn't

- It's not a replacement for your doctor
- It's not just a brochure—it's a playbook
- It's not about what you should've done - It's about what you can do now



Cancer Hits Men Hard. Let's Hit Back.

Cancer is the second leading cause of death among men, and it's a significant contributor to the lifespan gender gap (men live five years fewer than women).

Why the Gap?

- Men are less likely to go to the doctor until symptoms are severe
- Healthcare access and quality can differ widely based on race, income, and geography
- Even though biomarker testing can improve outcomes, fewer than 40% of eligible men receive it[1].

The Numbers Tell the Story

- Half of all men will be diagnosed with cancer in their lifetime[1]
- Black men have the highest cancer death rate of any racial or ethnic group in the U.S.[2]
- Rural men are more likely to be diagnosed late, and less likely to receive advanced care like biomarker testing[3]

[1] Association of Community Cancer Centers (ACCC), 2023 Biomarker Testing Survey

[2] STET

[3] Association of Community Cancer Centers (ACCC), 2023 Biomarker Testing Survey

What You Can Control

You can't change your DNA. But you can control your game plan. Start here:

- **Ask about biomarker testing**—even if your doctor doesn't bring it up
- **Track your symptoms and side effects**—don't assume they're "normal"
- **Bring someone with you to appointments**—they can catch what you miss
- **Build your plan**—understand your diagnosis, map your treatments, write down your questions
- **Make small changes that help your body fight**—move more, eat better, sleep well, lower stress, avoid toxins
- Later in this guide, we'll introduce the **Six Pillars of Resistance**—six lifestyle habits that can support your body during treatment. They're not a replacement for medicine. But they can improve your quality of life and strengthen your ability to recover.

Real Talk on Disparities

BLACK MEN ×2

BLACK MEN ARE TWICE AS LIKELY TO DIE OF PROSTATE CANCER COMPARED TO WHITE MEN.

RURAL MEN 30%

IN SOME STATES, RURAL MEN HAVE 25–30% HIGHER CANCER DEATH RATES THAN URBAN MEN[1].

UNDERSERVED AREAS

MANY MEN IN UNDERSERVED AREAS ARE NEVER OFFERED CLINICAL TRIALS OR BIOMARKER-MATCHED THERAPIES.

IT'S FIXABLE

THESE ARE NOT JUST STATISTICS—THEY'RE FIXABLE PROBLEMS WHEN MEN ARE INFORMED AND EMPOWERED.

[1] CDC, Rural Health and Cancer Disparities, 2023

Know What You're Testing For...

Biomarkers and Genetic Testing.

WHY IT MATTERS: Your doctor might mention "genetic testing" or "biomarkers"—sometimes like they're the same thing. They're not. And the difference can be the key to getting the right treatment, avoiding the wrong one, or spotting cancer risks in your family. Some tests look at what you were born with. Others look at changes in the tumor. Both can matter—but for very different reasons.

Biomarkers: What your Tumor is Telling You

- Biomarkers are molecules (like genes or proteins) found in cancer cells
- They help doctors understand how your tumor behaves and what might work against it
- **Certain biomarkers predict if a treatment** is more or less likely to help
- Some may show if a cancer is likely to grow fast, spread, or respond to immunotherapy
- **Example**: A man with metastatic prostate cancer and a BRCA2 tumor mutation may respond to one of the class of treatments known as PARP inhibitors that targets that weakness

Genetic Testing: What you were Born with

- You may also hear this called germline testing
- Look for inherited gene mutations passed down from your parents
- These mutations are in every cell in your body, not just the cancer
- Useful for understanding your long-term risk and whether family members should be screened
- **Example**: Men with inherited BRCA1 or BRCA2 mutations face higher risks of prostate, pancreatic, and breast cancer.

BOTTOM LINE: EACH ONE ANSWERS DIFFERENT QUESTIONS. WHEN USED TOGETHER, THEY CAN GUIDE CARE.

Side by Side Snapshot

Type of Test	Looks at	Purpose	Sample Type
Biomarker (Somatic)	Changes in the tumor	Match treatment to tumor	Tumor tissue, blood, or other fluid
Genetic (Germline)	Mutations you inherited	Understand risk & guide targeted therapy	Blood or saliva

The Right Test can Lead to the Right Treatment

Cancer isn't one-size-fits-all, and neither is treatment. Biomarker testing looks at the specific changes inside your tumor to help doctors choose the treatment that's most likely to work for you. That means less guesswork, fewer side effects from drugs that don't help, and a better shot at longer survival. But here's the problem: a lot of men never get tested.

What Biomarkers Can Do

- **Match the treatment to your tumor**. This is called precision medicine, and it works.
- **Avoid over-treatment**. If a drug won't work based on your biomarkers, you can skip the side effects and wasted time.
- **Unlock clinical trials**. Some trials only accept patients with certain biomarkers—testing may qualify you.
- **Predict what comes next**. Certain markers can show how aggressive your cancer is, or how likely it is to spread or return.
- **Save your life**. Men with advanced cancer who receive biomarker-guided treatment often live longer and better.
- BRCA1 Some doctors skip testing because it takes time, insurance may be unclear or they assume it won't change treatment
- **That's why you have to ask!**

Ask Your Doctor...

"Will biomarker testing change how you treat my cancer—and if not, why?"
This question forces clarity. If your doctor hasn't ordered biomarker testing, you deserve to know why.

Ask:

- Have you already run biomarker tests on my tumor or blood?
- What markers were tested, and what were the results?
- Would those results open up different treatments, like targeted therapies or clinical trials?
- Are there any tests I still need that we haven't done yet?

If you've already started treatment, it may not be too late. Some biomarker tests can still guide future options.

Real Example:

Biomarkers at Work

A man with metastatic prostate cancer who tests positive for a BRACA1 or BRCA2 mutation might qualify for a PARP inhibitor - a treatment that specifically targets that genetic weakness in the tumor. Without the test, he'd likely be put on a standard therapy that doesn't work as well for his cancer type.

Prostate Cancer Treatments are not One-Size-Fits-All

Prostate cancer is one of the most common cancers in men, but that doesn't mean every case is the same. Some tumors grow slowly. Others spread fast. Some respond to hormone therapy. Others don't. Biomarkers help tell the difference. If you've been diagnosed with advanced or metastatic prostate cancer, testing for these markers can guide you toward smarter treatment—and away from wasted time.

Key Biomarkers to Know

1. PSA (Prostate-Specific Antigen)

- The most common test used to monitor and detect prostate cancer
- But PSA alone doesn't tell you what kind of cancer you have—it's just the tip of the iceberg

2. BRCA1 / BRCA2

- Better known for breast cancer, but these mutations matter in prostate cancer too
- Men with these mutations often have more aggressive cancer
- If your tumor shows a BRCA mutation, you may benefit from a PARP inhibitor
- Can be found through both biomarker (tumor) and genetic (inherited) testing

3. AR-V7 (Androgen Receptor Variant 7)

- Found in some men whose cancer is no longer responding to hormone therapy
- If your cancer tests positive for AR-V7, hormone therapies may not work
- This info can help your doctor avoid sending you down a path that won't help

4. HOXB13

- A gene linked to early-onset prostate cancer and increased inherited risk
- May influence your family's screening strategy and your own risk of recurrence

Ask Your Doctor...

Which biomarkers have we tested for in my prostate cancer—and what do the results tell us about my next step?"

This opens the door to key decisions:

- Should you get a PARP inhibitor or hormone therapy—or both?
- Are there any markers you haven't been tested for yet?
- What do these results say about how aggressive your cancer is—and how fast you need to act?

If your doctor can't answer or seems unfamiliar with these terms, it might be time to get a second opinion.

Active Surveillance or Aggressive Treatment?

Biomarkers can Help Decide

- Not all prostate cancers need immediate treatment
- If your cancer has low-risk features and no aggressive biomarkers, active surveillance may be safer than rushing into surgery or radiation
- But if your markers suggest higher risk, waiting could be dangerous
- Biomarkers help personalize this decision so it's not based on guesswork or averages

Bladder Cancer is 3X More Common in Men

Biomarkers Can Help Change How it's Treated

Bladder cancer is often overlooked in men's health conversations—but it shouldn't be. Men are up to four times more likely than women to get it.[1]
And for men with advanced or high-grade bladder cancer, biomarker testing can play a key role in choosing the right treatment, especially when deciding between chemotherapy, immunotherapy, or targeted drugs[1].

Key Biomarkers to Know

1. FGFR3 (Fibroblast Growth Factor Receptor 3)
- Found in some non-muscle invasive and metastatic bladder cancers

2. PD-L1 (Programmed Death-Ligand 1)
- This marker may be helpful to determine how your cancer may respond to immunotherapy
- PD-L1 testing may also be helpful in some cases to guide treatment when chemo isn't the best option

Ask Your Doctor...

Have we tested my bladder cancer for biomarkers like FGFR3 or PD-L1—and how do those results affect my treatment options?

This question helps guide the conversation toward precision treatment and away from one-size-fits-all care. It also shows you're paying attention. Follow-ups could include:
- Would I qualify for a targeted FGFR3 therapy?
- If I can't get chemo, is immunotherapy an option based on my PD-L1 status?
- Have all relevant biomarkers been tested, or should I get a second opinion?

Why Are Men at Higher Risk?

- **Smoking history** is a major factor — more men smoke or are ex-smokers
- **Occupational exposures to chemicals** in construction, trucking, manufacturing, and firefighting put men at higher risk
- **Many men ignore early warning signs**, like blood in the urine or changes in urination — these CAN include frequent urination (especially at night), burning or discomfort, and weak stream, urgency without much output

[1] Ahangar M, Mahjoubi F, Mowla SJ. Bladder cancer biomarkers: current approaches and future directions. Front Oncol. 2024 Nov 29;14:1453278. doi: 10.3389/fonc.2024.1453278. PMID: 39678505; PMCID: PMC11638051.

Testicular Cancer & Biomarkers

Common Cancer Among Teens and Young Adults

Testicular cancer is the most common cancer in young men between 15 and 35.[1] The good news? It's highly treatable - even curable - when caught early. Biomarker blood tests can play a key role in diagnosis, staging, and tracking whether treatment is working. If you're a younger man - or you care about one - it's important to know what to look for during early detection.

Key Biomarkers to Know

1. AFP (Alpha-Fetoprotein)

- Normally only found in fetuses
- Elevated AFP in men may indicate non-seminoma testicular tumors
- Used to help diagnose and monitor treatment response

2. HCG (Human Chorionic Gonadotropin)

- Yes, the same hormone measured in pregnancy tests
- In men, high HCG levels can signal both seminoma and non-seminoma tumors
- May also be used to track recurrence

3. LDH (Lactate Dehydrogenase)

- A general marker for tissue damage
- Not specific to testicular cancer, but higher levels may suggest more aggressive disease or high tumor burden
-

4. KIT and Other Mutations

- In rare cases, tumors may have genetic changes in the KIT gene or others
- These may play a role in advanced disease and guide potential clinical trial enrollment

Questions Testicular Patients Should Ask

"Have my blood markers like AFP, HCG, and LDH been tested—and how are we using those to guide treatment?"

Even if the tumor's been removed, those biomarkers stay important:

- **If levels don't drop** after surgery, that may mean cancer has spread
- **Rising markers** during follow-up could be an early sign of recurrence
- **Results help decide** if you need chemotherapy, further imaging, or just ongoing surveillance

If you haven't had a blood test, ask why not - and whether it's time to track your markers over time.

Early Detection & Self Checks are Essential

- Most testicular cancers are **found by men** themselves, not by doctors
- Caught early, **survival is over 95%**[2]
- Even **advanced cases are often treatable** - but require intensive chemo or surgery
- **Biomarkers help doctors** monitor whether treatment is working and if cancer comes back
- **Check one testicle at a time** by gently rolling it between your thumb and fingers to feel for hard lumps, swelling, or changes in size

[1] American Cancer Society, Testicular Cancer Key Statistics, 2024
[2] National Cancer Institute, Testicular Cancer Treatment (PDQ®), 2023

Biomarkers are Changing How Doctors Treat Lung Cancer

Lung cancer used to mean just one thing: chemo. Not anymore. Today, biomarker testing is the key to unlocking better treatments—targeted therapies and immunotherapies that can add years to your life and avoid the shotgun approach of traditional chemo. But here's the catch: not everyone gets tested. And some men still assume lung cancer only happens to heavy smokers. That's wrong - and dangerous.

Most Important Lung Cancer Biomarkers

1. EGFR (Epidermal Growth Factor Receptor)

- Common in non-small cell lung cancer (NSCLC)
- Especially found in non-smokers or light smokers
- If positive, you may benefit from EGFR inhibitors

2. ALK (Anaplastic Lymphoma Kinase)

- Found in about 5% of patients
- Is an important mutation found in younger men with NSCLC who have minimal or no history of smoking.
- May respond well to a ALK inhibitors

3. KRAS

- Found in about 1 in 4 NSCLC cases
- Often linked to a history of smoking
- Historically hard to treat but may respond to new therapies that target KRAS G12C mutations in some situations.
- Doctors often check KRAS to help predict how this cancer might behave and guide treatment options

4. PD-L1

- Measures how likely you are to respond to immunotherapy
- • If your tumor has high PD-L1 expression, you may be eligible for immune checkpoint inhibitor therapy without chemo.

Not Just for Smokers

- Between 10 and 20 percent of lung cancers in the U.S. occur in never-smokers[1]
- Many of these cases are driven by EGFR and ALK mutations
- Biomarker testing matters even more in these patients because targeted therapy often works better than chemo
- If you've been told you don't qualify for certain treatments—or that chemo is your only option - make sure testing was done first

[1] ACS Lung Cancer Facts & Figures, 2024

Colorectal Cancer & Biomarkers

Younger Men are at Higher Risk of Advanced Disease

- **Men under 50** now make up one in five new colorectal cancer cases[1]
- **Many men under the age of 50** are diagnosed at later stages because symptoms were dismissed
- If you have rectal bleeding, unexplained weight loss, or persistent stomach pain—**don't wait**
- **Family history or inherited risk** (like Lynch syndrome) also increases odds
- **It's the law!** Insurance companies are required by law to cover colon cancer screenings
- **IMPORTANT QUESTION TO ASK YOUR DOCTOR:** Have I been tested for MSI-H, KRAS, NRAS, BRAF, and HER2—and how do those results guide my treatment?

Key Biomarkers for Colon Cancer Patients

1. **MSI-H / dMMR (Micro satellite Instability–High / Deficient Mismatch Repair)**
   - Found in approximately 5% of colorectal cancers
   - If present, you may benefit from immunotherapy, even as a first-line treatment
   - Strongly associated with inherited syndromes like Lynch syndrome, which increase lifetime cancer risk
   - Tumors with this biomarker often respond better to immune checkpoint inhibitors

2. **KRAS / NRAS / BRAF**
   - BRAF may be found in between 8-10% of colorectal cancers.
   - If BRAF is present patients may benefit from targeted combination therapies.
   - If you have a KRAS or NRAS mutation, EGFR drugs likely will not work—testing avoids wasted time and side effects
   - BRAF V600E mutations are linked to more aggressive disease but respond better to a BRAF-targeted combo therapy even as a first-line treatment.

3. **HER2**
   - Though rare in colorectal cancer (about 2–3% of cases), HER2 amplification opens the door to HER2-targeted therapies
   - Already used successfully in breast cancer, these treatments are now being tested and used in colorectal cases with this biomarker

[1] American Cancer Society, Colorectal Cancer: Rising Rates in Younger Adults, 2024

Biomarker Match Chart

Cancer Type	Biomarker	What it Tells You	Some Examples of Possible Targeted Treatment Options
Prostate	HRRm (ex. BRCA1or2)	May respond to **PARP inhibitors**	talazoparib or olaparib
	AR-V7	Signals likely resistance to hormone therapy	HRRm,or MSI-H/dMMR
	HOXB13	Suggests inherited risk / early-onset cancer	Consider genetic counseling; may guide family screening
Bladder	FGFR3	May respond to **FGFR-targeted therapy**	erdafitinib
	PD-L1	Predicts response to **immunotherapy**	atezolizumab, nivolumab
Testicular	AFP / HCG / LDH	Used to diagnose, stage, and monitor treatment	BEP chemo regimen; blood levels guide ongoing decisions
Lung (NSCLC)	EGFR	Responsive to **EGFR inhibitors**	osimertinib, gefitinib, afatinib, dacomitinib, erlotinib
	ALK	Responsive to **ALK inhibitors**	alectinib, lorlatinib, ensartinib, brigatinib
	KRAS G12C	May respond to **KRAS-targeted therapy**	sotorasib
	PD-L1	High expression = likely immunotherapy benefit	atezolizumab, cmiplimab, and lipilimumab+nivolumab
Colorectal	MSI-H / dMMR	Strong predictor of response to immunotherapy	pembrolizumab, nivolumab
	KRAS / NRAS	If mutated, **EGFR drugs won't work**	Rule out cetuximab or panitumumab
	BRAF V600E	May respond to **BRAF-targeted therapy**	Braftovi + cetuximab + chemotherapy
	HER2	Opens path to **HER2-targeted therapy**	tuctinib+trastuzumab

** These are examples of possible treatment options that may be recommended by your treating physician. It is not intended as an exhaustive list of possible treatment options. The National Comprehensive Cancer Network (https://www.nccn.org/) provides a consumer-friendly summary of options and guidelines.*

What to Ask your Doctor About Biomarkers...

Men often wait too long to ask the hard questions—if they ask at all. But this isn't the time to be passive. Whether you're sitting in your first oncology appointment or deep into treatment, the questions you ask now can change the care you get. And if your doctor doesn't have the answers? That's a red flag—not the end of the conversation

Diagnosis & Testing

- What kind of cancer do I have—exactly?
- Has my tumor been tested for biomarkers and genetic mutations?
- Can I see the results—and how are they affecting your treatment plan?
- Should we do any additional testing before we start treatment?

Treatment & Timing

- What are my treatment options—and why are you recommending this one?
- Are there targeted therapies or immunotherapies I might be eligible for?
- How urgent is it to start treatment? Do I have time to get a second opinion?
- Will this treatment cure my cancer, control it, or just slow it down?

Side Effects & Quality of Life

- What side effects should I expect—and how will you help manage them?
- Will I be able to work, drive, or care for my family during treatment?
- How will we track if the treatment is working? What's the backup plan if it doesn't?

Support & Access

- Are there financial assistance programs for testing or medications?
- Can you refer me to a social worker, counselor, or support group?
- Are there clinical trials I should know about?

What if the Doc Doesn't Know

Don't let the conversation stop.

Say:

- **Can you refer me to someone who does specialize in this?**
- **Should we get a second opinion from a larger cancer center?**
- **Can I speak to a nurse navigator or genetics counselor?**

You're not being difficult—you're being thorough. And that's survival strategy.

PRO TIPS

Always bring someone with you to appointments—even virtually. They can take notes, ask follow-up questions, and help keep the pressure on. Cancer is too big to manage alone.

Ask

Do I understand my plan well enough to explain it to someone else?

If the answer is no - ask again. This is your life. Don't leave the room with question marks.

Building Your Cancer Care Plan

When you're in the middle of doctor visits, scans, side effects, and stress, it's easy to feel like you're just reacting. A Cancer Care Plan helps you get ahead of it. It organizes your treatment, goals, team, and next steps all in one place—so you can make smarter decisions and stay in the driver's seat.

What Goes in it?

1. Your Diagnosis and Biomarker Results

- What kind of cancer you have?
- What stage it is?
- Your key biomarker and genetic test results?
- What those results mean for treatment?

2. Your Treatment Plan

- What treatments you're getting (chemo, hormone therapy, surgery, targeted therapy, etc.)?
- When and how often you'll receive them?
- What to expect (side effects, follow-up scans, labs)?

3. Your Care Team

- Names and contact info for your oncologist, primary care doc, pharmacist, counselor, social worker, and others?
- Who to call for what—especially after hours?

4. Your Goals

- What matters most to you: living longer, reducing pain, staying active, being present for family
- These goals should guide your treatment decisions

5. Your Notes and Questions

- Space to write down symptoms, side effects, test results, and questions
- Use this to track what's changing over time and bring it to appointments.

Ask Your Doctor...

Can we go over my Cancer Care Plan together—and can you help me fill in the parts I'm unsure about?" Don't assume this is something you have to figure out alone. Your care team should be part of it. Ask:

- Who on your staff can help me keep this updated?
- Can we review my treatment timeline and goals side by side?
- Is there anything missing from my current plan that could affect outcomes?

How to Use it...

- Fill it out with your care team—ask them to help explain anything you don't understand
- Keep a printed copy in your home and a digital copy on your phone or computer
- Share it with a trusted friend or family member who can advocate for you if needed
- Bring it to all appointments and use it to track questions, notes, and next steps so nothing gets lost in the moment
- Review it before treatment decisions to refer back to your goals, track your symptoms or to spot patterns

Lifestyle...

The Six Pillars of Resistance

Your Health Habits Can be Your Best Defense

Cancer isn't just about chemo, scans, or surgery. What you eat, how you sleep, who you talk to, and how much you move all play a role in **how well your body can fight**. It's not about blame—it's about power. The right habits don't replace medical treatment. But they can **make your treatment work better**, help manage side effects, and even reduce the risk of recurrence.

We call them the **Six Pillars of Resistance**. They're the foundation of a stronger, more resilient you.

1. **Nutrition**
Fuel your body with what it needs to fight, recover, and rebuild. No fad diets. Just real food that works for real men.

2. **Exercise**
Movement keeps your body strong, your energy up, and your treatment on track—even if it's just walking more.

3**. Sleep**
Rest is repair. A consistent seven to nine hours helps your immune system, hormone levels, and mental clarity.

4. **Stress & Mental Health**
Unchecked stress and loneliness sabotage recovery. Managing your mindset is part of the plan.

5. **Toxin Avoidance**
Cutting out smoking, heavy alcohol use, and processed junk reduces inflammation and improves treatment outcomes.

6. **Social Connection**
Men who stay connected survive longer. Period. You don't need a huge network — you need a strong one.

Make a Start, Build Momentum

Ask your doctor about lifestyle changes and what the best start for you might be. **Here are some suggestions for a relatively easy start that allows for you to add subtle new habits every week.**

WEEK 1 — Start Simple
Pick ONE habit from any pillar. For example:

- Swap one soda or sugary drink for water each day
- Walk 15 minutes a day — anywhere, any pace
- Call or text someone you haven't talked to in months

WEEK 2 — Pick another Pillar
Try something new.

- Toss out one thing you know is bad for you (a certain fast food stash, cigars, vape, etc.)
- Schedule that overdue check-up (even if it's three months out)
- Write about one stressor for two minutes. Why? Writing it down helps you own it instead it owning you

WEEK 3 — Stack the Wins
Nothing crazy. Just one notch higher.

- Walk 20 minutes, three days this week (music, podcast, or just the sound of your own feet)
- Swap a second drink or snack with something less processed
- Make a list of your current meds and bring it to your doctor

WEEK 4 — Lock It In
Make it part of your routine.

- Add a bodyweight move after your walk: squats, pushups, wall sits, etc.
- Join a health-related group or challenge (even online counts)
- Identify one "mindless" habit — one night of drinking, doom scrolling, etc. and trade it for something that makes you feel better

The Six Pillars Boost Cancer Care

1. Eat Smart
Ultra-processed, sugary, and red-meat-heavy diets fuel inflammation and poor survival. Conversely, high-fiber, nutrient-rich eating improves cancer treatment tolerance.

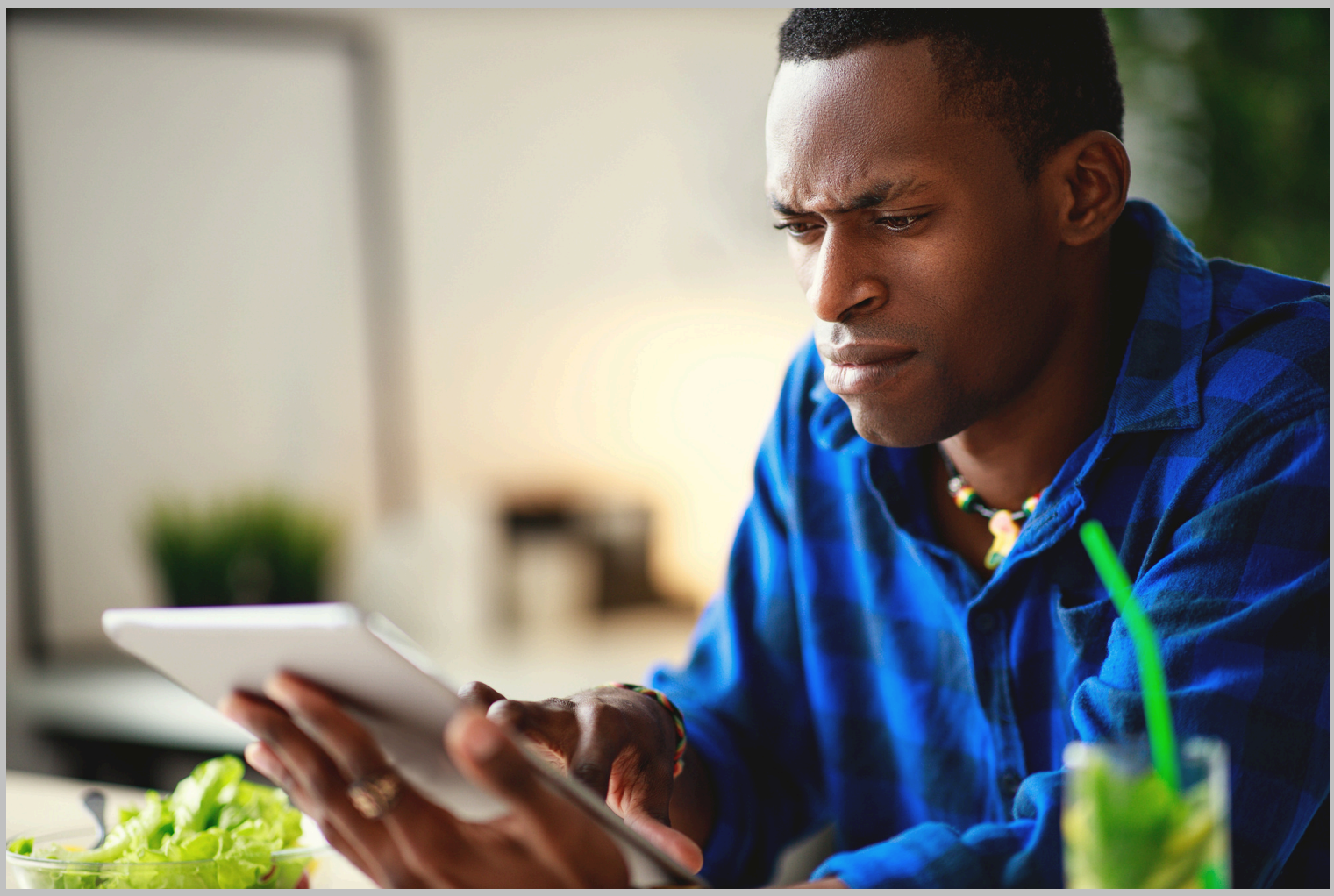
2. Move More
According to a New England Journal of Medicine 2025 study, moderate exercise post-treatment showed 28–37% lower recurrence and up to 37% fewer deaths in colon cancer; structured programs boost chemo effectiveness, reduce fatigue, and improve survival.

3. Avoid Toxins
Smoking, heavy alcohol, and toxic exposures worsen cancer aggressiveness and undermine treatment (British Medical Journal).

4. Find Balance & Better Sleep,
Chronic stress suppresses immunity and accelerates tumor growth, according to Cancer Immunology Research

5. **Stay Connected**
Loneliness and isolation are tied to worse mental health — and up to 67% increased mortality risk among cancer survivors, according to the Oncology Nursing Society.

6. Build a Care Team
Poor patient–provider communication and lack of team coordination reduce adherence, increase errors, and worsen outcomes, according to the Journal of Oncology Practice.



Food is Fuel for your Treatments

Why This Matters:
What you eat can lower inflammation, support your immune system, and even help certain treatments work better. You don't need to become a health nut or go vegan overnight. Just make small, smart changes that stack up over time.

Try This: The 'Mostly Mediterranean' Method

- More: veggies, fruits, whole grains, beans, nuts, olive oil
- Less: red meat, processed meats, fried food, sugary drinks
- Protein from: fish, lean poultry, eggs, tofu, legumes
- Drink water. Lots of it.

Anti-Inflammation Cheat Sheet

Chronic inflammation like obesity, chronic stress, and some auto-immune diseases help cancer develop and grow. Eating anti-inflammatory foods like these can help you beat cancer.

- Leafy greens (spinach, kale)
- Berries (blueberries, strawberries)
- Fatty fish (salmon, sardines)
- Garlic, turmeric, ginger
- Green tea
- Fruits (Oranges and Apples (with the skin)
- Garlic
- Extra virgin olive oil
- Avocados

Get Moving: Even a Little Bit Helps

Walking to a Better Cancer Outcome

Colon cancer survivors who followed a three-year walking program—roughly 150 to 225 minutes of brisk walking each week—had 28% fewer recurrences and were 37% less likely to die over the next eight years[1].

Researchers believe the benefits come from a mix of reduced inflammation, improved immune response, and better insulin regulation—all of which can make the body less hospitable to cancer returning.

The study tracked patients for up to a decade after chemotherapy and it's one of the first large-scale studies to show that structured exercise has a direct impact on long-term cancer survival.

[1] New England Journal of Medicine, 2025

Why This Matters:
Exercise during cancer treatment isn't about bench-pressing your way to recovery. It's about fighting fatigue, keeping your independence, and staying in the game — physically and mentally. Even short walks or gentle stretching can make a big difference.
Research shows that regular physical activity can:

- Reduce side effects like fatigue, anxiety, and nausea
- Lower the risk of recurrence for several cancers
- Boost survival rates
- Protect your mood and mental health
- Preserve strength, balance, and bone health

But here's the key: Always talk to your provider and care team before starting any new exercise routine. They'll help tailor it to your needs, especially if you're dealing with low counts, bone fragility, or surgery recovery.
Think of exercise not as a chore, but as a tool. One you control. One that helps your body heal, your spirit stay strong, and your plan stay yours.

Reduce Recurrence with These Goals

- 150 minutes of moderate activity per week (e.g., brisk walking) **OR** 75 minutes of vigorous activity (e.g., biking, swimming)
- Add two days of strength training if you can (bodyweight counts)
- Remember this basic rule: 50–85% of your max heart rate = target zone. To estimate max heart rate: Start with 220 and subtract your age. For example: Age 60 → Max HR ≈ 160 → Target zone = 80–136 bpm

Toxin Avoidance Boosts Outcomes

What You Cut Can be the Most Powerful Tool

When it comes to cancer, cutting toxins isn't optional, it's critical.

Smoking: Quitting smoking within six months of a cancer diagnosis can double your median survival - from about 2.1 to 3.9 years. For lung cancer patients specifically, quitting improves five-year survival from 49% to 61%.

Alcohol: Drinking during radiotherapy raises the risk of recurrence or progression two-fold.

Expert voice: Oncologists agree - smoking impairs treatment effectiveness, worsens pain and side effects, and accelerates cancer growth. Alcohol fuels inflammation, and interferes with chemo and radiation.

Toxins that Matter Most

- **Smoking/vaping**: Slows healing, raises recurrence risk
- **Heavy alcohol**: Increases risk for multiple cancers and interacts with treatments
- **Ultra-processed foods**: Often high in chemicals, sugars, and additives that increase inflammation
- **Environmental exposures**: Ask about your workplace or home risks (asbestos, solvents, chemicals, etc.)

Good Sleep is About Repair

Why This Matters: Sleep isn't just rest—it's when your body goes into full repair mode. During deep sleep, your immune system strengthens, inflammation drops, and damaged cells are cleared out or rebuilt. That's critical for cancer patients: poor sleep has been linked to faster tumor growth, reduced treatment effectiveness, and worse survival outcomes.

And here's the kicker: People who sleep less than seven hours a night have a 69% higher risk of developing cancer compared to those getting over seven hours, according to a 2022 meta-analysis published in Cancer Management and Research. Research also shows that consistent, high-quality sleep may lower your risk for certain cancers—especially prostate, breast, and colorectal. When sleep suffers, hormones like melatonin and cortisol fall out of balance, creating conditions cancer cells can exploit.

If you're serious about fighting cancer or staying cancer-free, make **sleep a non-negotiable part of your plan.**

Sleep Like a Boss

- Cut caffeine after 2 PM
- Keep your bedroom cool and dark
- Avoid screens one hour before bed
- Don't lie awake — if you're not asleep in 20 minutes, get up and stretch or read
- **Ask you Doctor: Could any of my meds or side effects be messing with my sleep?** Fatigue, steroids, anxiety, or pain meds can all affect your sleep. Ask what adjustments might help—or if it's time to speak with a sleep specialist.

If you're having trouble sleeping...

Ask your yourself what would make you 10 percent more comfortable. Repeat every few minutes. It tricks your mind to synch with your body and helps you drift off.

Managing Stress Fights Cancer

Cancer doesn't just attack the body—it wages war on your mental health. Fear. Anger. Loneliness. Exhaustion. These aren't just feelings—they're symptoms of the battle, and they can wear down your immune system, disrupt your sleep, and blunt your response to treatment.

High, chronic stress is linked to increased inflammation, lower treatment tolerance, and even worse survival outcomes in several cancers—including prostate, colorectal, and lung. **One study found that cancer patients with depression had up to a 39% higher risk of mortality compared to those without it.**

But here's the good news: managing stress isn't just about coping - it's about healing. Men who take steps to care for their mental health - through counseling, mindfulness, peer support, or even exercise - report better symptom control, stronger adherence to treatment, and a higher quality of life.

Stress Reduction Tips

- Short walks or nature breaks
- Deep breathing (try 4-7-8 method)
- Talking to someone—counselor, buddy, faith leader
- Hobbies that absorb your mind (guitar, puzzles, model-building)
- Mindfulness or guided meditation (apps like Headspace or Calm)

DID YOU KNOW?

Loneliness = 15 Cigarettes a Day! Research shows chronic loneliness has the same health impact as smoking a pack a day. Connection isn't just emotional - it's biological.

Your Circle is Part of Your Care Plan

Isolation doesn't protect you—it weakens you. Men often pull away during cancer, but research shows that staying connected can be just as important as medication. Strong social ties are linked to lower inflammation, better treatment adherence, improved emotional resilience, and even longer survival.
A major study from the American Cancer Society found that **cancer patients with strong social support had a 42% higher survival rate than those who felt isolated**. That's not soft science—it's survival science.
What matters is that you don't go it alone. It could be one friend, a partner, a support group, or even a peer you meet during treatment.

DID YOU KNOW?

The Friendship Recession is Real - Men over 40 report having fewer close friends than ever before. Cancer can deepen that divide—unless you fight back against it.

Three Easy Ways to Strengthen your Circle

- **Phone a Friend** - Reach out to someone you trust—even if it's just to vent or talk about anything but cancer. A five-minute call can cut through isolation and remind you that you're not in this alone.
- **Join a Group** - Support groups for men with cancer—whether in-person or online—aren't about pity. They're about connection, real talk, and shared strength. The guys in these rooms get it, and that matters.
- **Find a Buddy in the Fight** - Ask your care team if they can connect you with a peer mentor or survivor. Someone who's walked this road before can offer more than advice—they can offer proof that life goes on.

Your Cancer Team is your Lifeline

No one fights alone. The best cancer outcomes don't come from just one brilliant doctor. They come from a coordinated team. When your providers communicate and are on the same page, you get better answers, better treatment planning, fewer errors, and a clearer path forward. That kind of coordination doesn't just happen on its own. **You have to ask for it—and expect it.**

A multidisciplinary team (MDT) is a formal group of clinicians and allied health professionals from different disciplines who meet—often weekly or biweekly—to review and manage patient cases together. You have to ask for it or build your own version of it.

DID YOU KNOW?

Cancer patients who are treated by a MDT have about 40 percent lower risk of death, faster diagnosis-to-treatment timelines, more accurate staging, and more guideline-adherent care. Keep a contact list and make sure your care team is communicating.

Build the Best Care Team

- **Primary Care Provider (PCP):** Keeps track of your overall health, not just cancer
- **Oncologist:** Leads your cancer treatment plan
- **Surgeon:** Handles biopsies or tumor removal if needed
- **Radiation Oncologist:** Plans and delivers radiation therapy (if part of your care)
- **Nurse Navigator or Care Coordinator:** Helps schedule appointments, tests, and follow-ups
- **Pharmacist:** Reviews meds for interactions, and manages side effects
- **Genetics Counselor:** Explains test results and what they mean for your family
- **Mental Health Support:** Therapist, counselor, social worker—or whoever helps you cope

Ask the Doctor

"Can we go over who's on my care team—and who's helping coordinate it all?"

Take Charge Resources Sheet

Men's Health Network (MHN) believes in closing the lifespan gap by stopping premature male deaths and enhancing their overall health. We are passionately dedicated to improving the lives of men and their families in the communities they live in by providing support, education, and advocacy.

Closing this gap takes all of us — men and the families that care about them. We can end the diseases and conditions that keep all of us from living healthy and fulfilling lives.

Together, we will build and unite a national network of supporters and like-minded organizational partners to identify the causes of this gap, the solutions needed, and how best to work together to meet the unmet needs to do it effectively.

We will cut the lifespan gap in half by the end of the decade by empowering men to change their health-seeking behaviors when faced with cardiovascular diseases, cancers, mental illnesses, and chronic conditions and develop healthy lifestyle habits. By reducing mortality in each of these areas, we will save countless lives and keep families together.

Men's Health Network is a national 501(c)(3) nonprofit organization. Donations to MHN are tax deductible.

Our federal tax ID number is 52-1855419.

JOIN NOW

Become an MHN Ambassador Today

Consider becoming a Men's Health Network ambassador. You can help raise awareness about men's health issues in your community and give a voice to advocacy initiatives that improve access to care for men and their families. Go to:

www.MensHealthNetwork.org/become-an-ambassador

DONATE

Every $25 donation puts this guide and other materials in front of the men who need it most. Go to:

www.Menshealthnetwork.com/Donate

My Cancer, My Plan

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