MSK Direct

A cancer benefits solution that delivers equitable access to the lifesaving discoveries and subspecialized expertise of Memorial Sloan Kettering Cancer Center (MSK) for better outcomes.

Screening & Prevention
Accessible, guideline-based cancer screenings and testing—at home, at work, or nationwide.

Expert Medical Opinions
Second opinions from world-renowned, subspecialized cancer experts.

Navigation to Clinical Care
Connection to world-class care at MSK for the best outcomes, or guidance to top local cancer centers.

Comprehensive Support
Multidisciplinary support and education to guide and engage members.

msk.org/mskdirect

The Silent Crisis: Men's Health at Work

Sponsored by MSK Direct

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November 20, 2025

Memorial Sloan Kettering Cancer Center

Men have higher mortality than women across most age groups

- Top causes: heart disease, cancer, injury, suicide, homicide
- Women: higher mortality from Alzheimer’s and autoimmune conditions
- In the U.S., women’s life expectancy is about **5–6 years longer than men**.

Source: CDC

Health behaviors

- Men engage more in risky behaviors (smoking, alcohol, reckless driving) and occupational risk

- Women are more health-conscious: better diet, more exercise adherence

Healthcare utilization

- Men are more reluctant than women to seek medical care:
  - “Masculinity”
  - Fear of a bad diagnosis
  - Embarrassing symptoms
- Men are less likely to have a “primary” doctor

Men are more socially isolated than women

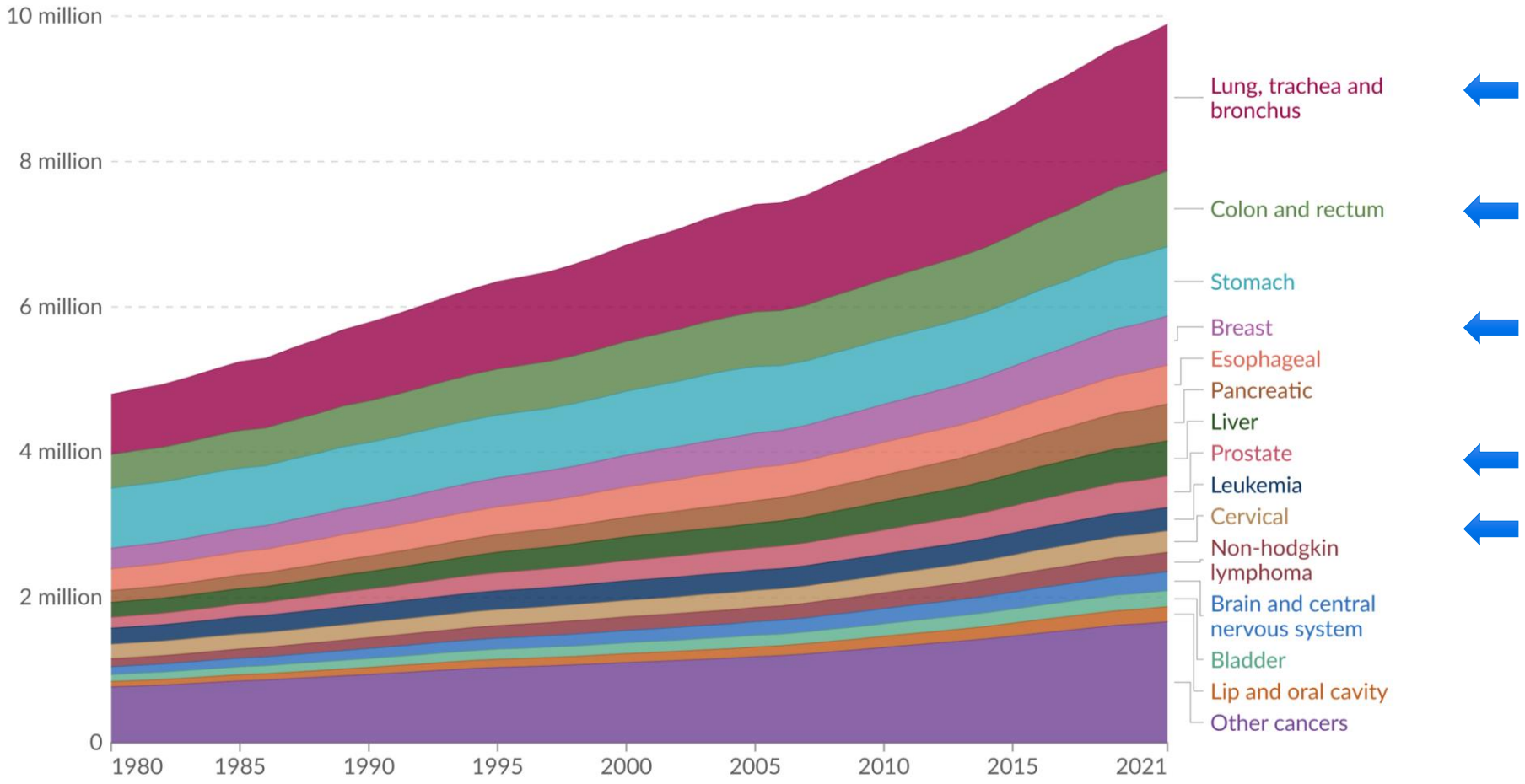
- Social isolation is associated with a **30% increase in mortality risk**

- Higher rates of depression, anxiety and suicide among isolated men

Social connection as a critical factor for mental and physical health: evidence, trends, challenges, and future implications. World Psychiatry 2024.

Cancer Screening

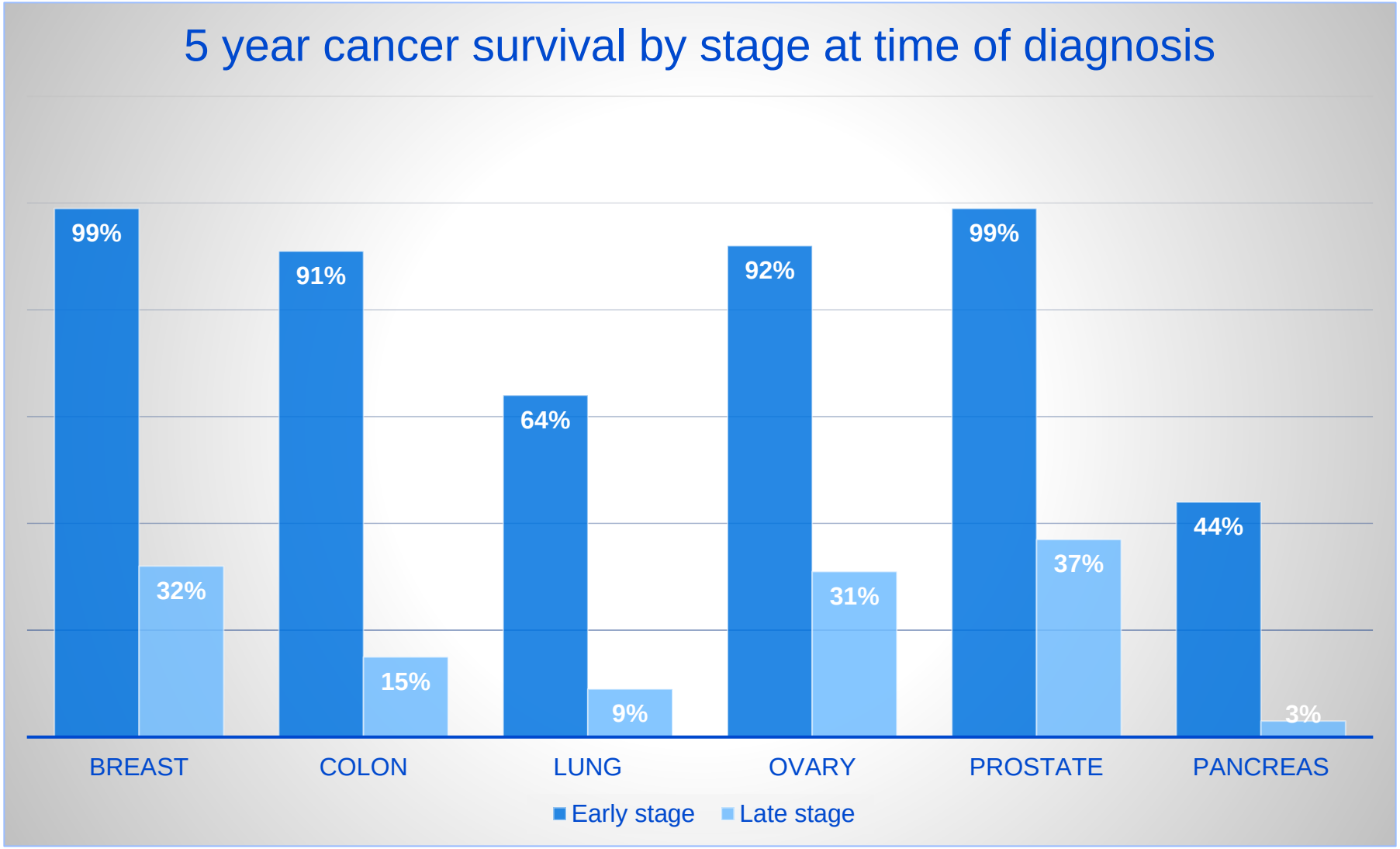
Cancer deaths worldwide



Data source: IHME, Global Burden of Disease (2024)

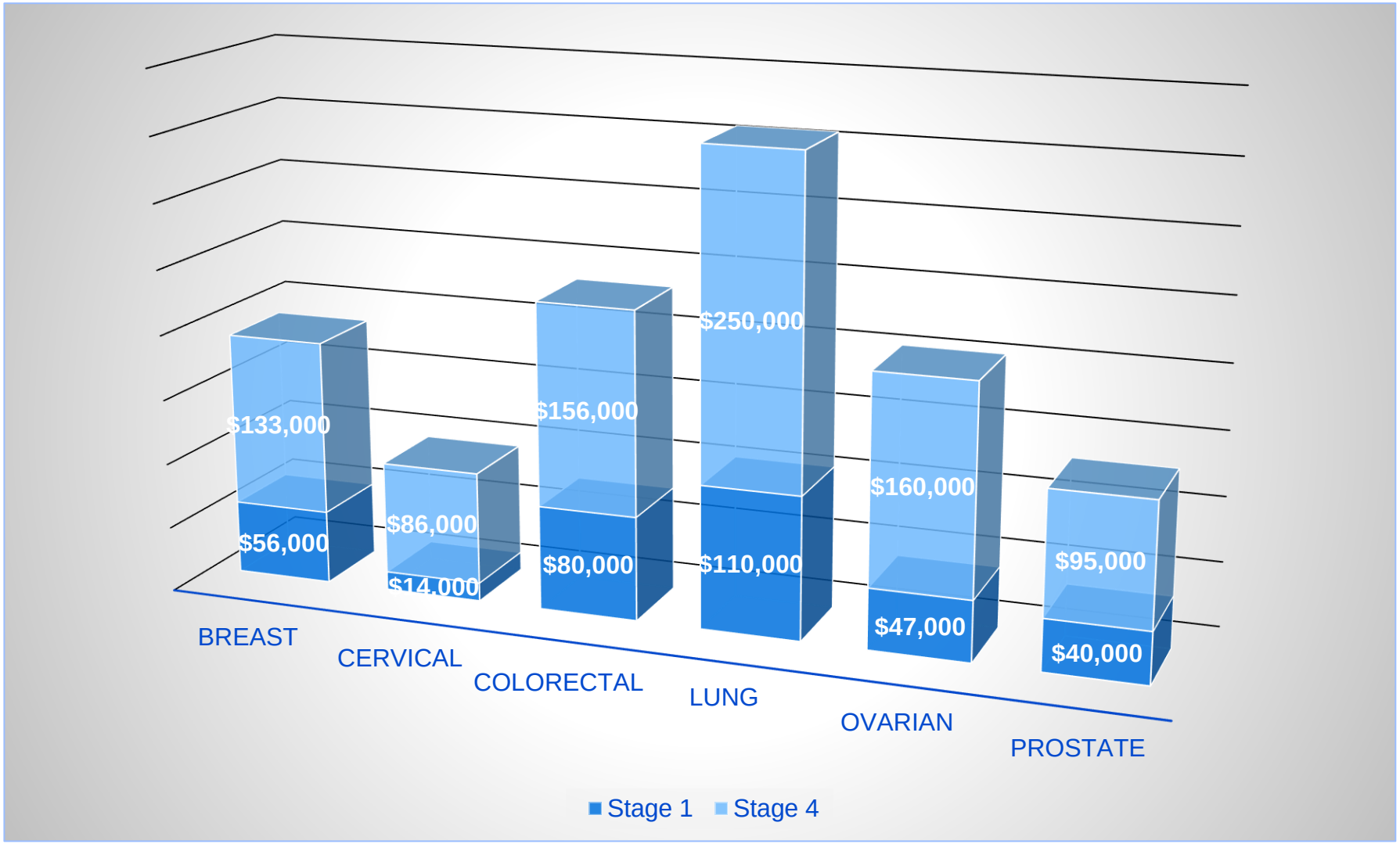
OurWorldinData.org/cancer | CC BY

5-year survival

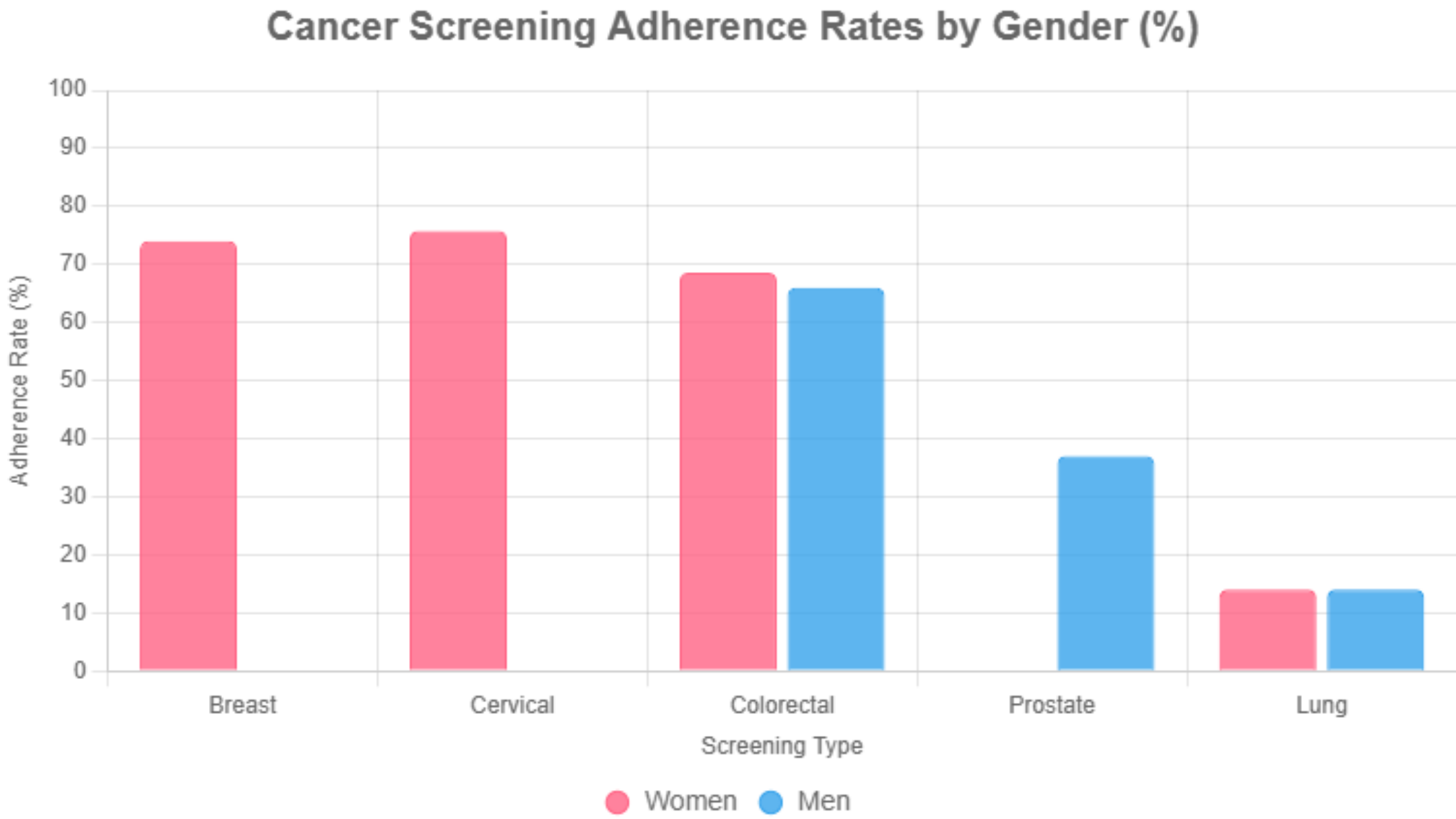


ACS Cancer Facts & Figures 2025

Cost of cancer care by stage at time of diagnosis



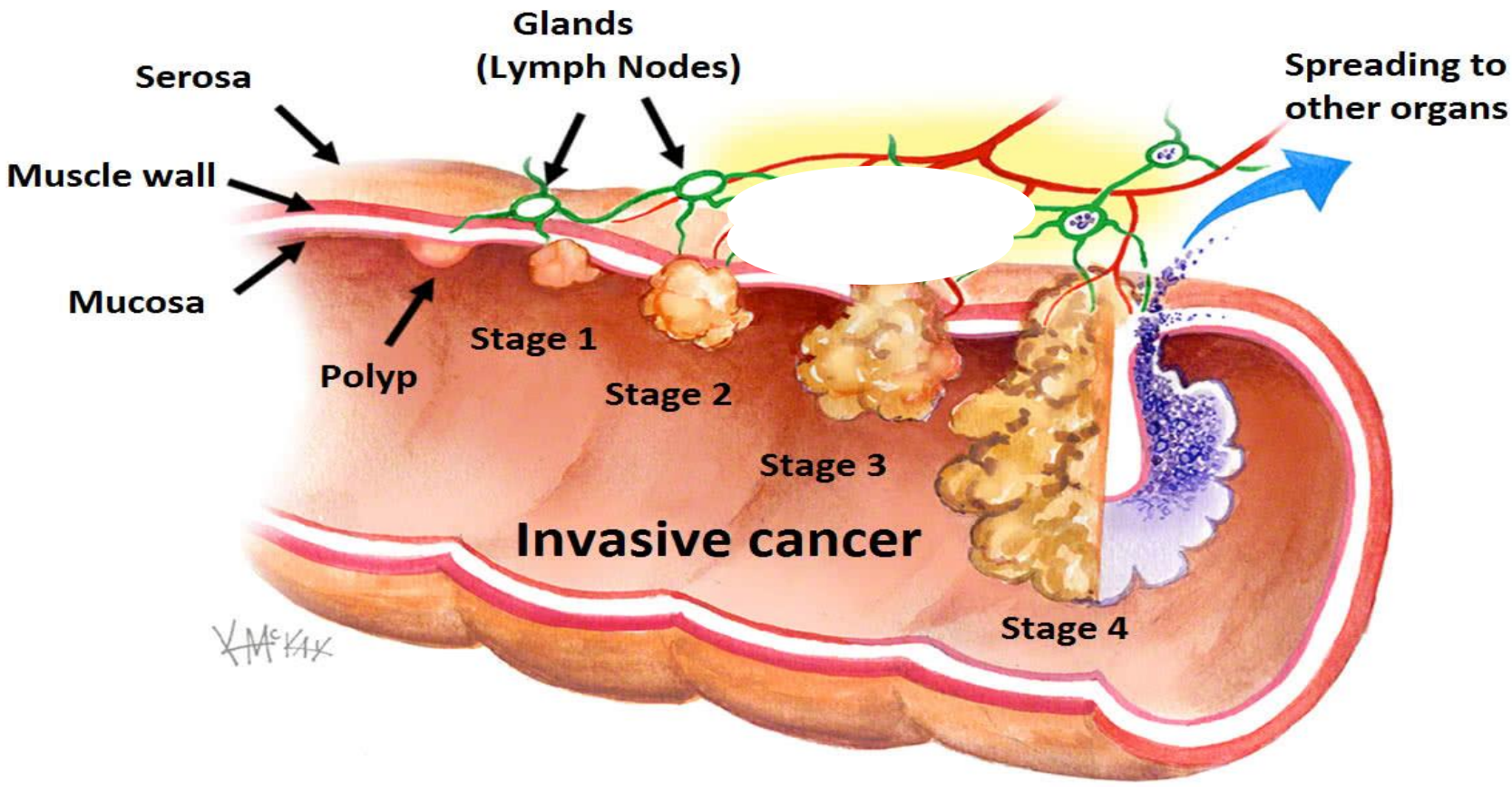
McGarvey et al, BMC Health Services Research 2022
Data for first 6 months of care


Cancer Screening Adherence Rates by Gender (%)
Adherence Rate (%)
100
90
80
70
60
50
40
30
20
10
0
Breast
Cervical
Colorectal
Prostate
Lung
Screening Type
Women
Men

Cancer Screenings for Men

Colorectal cancer biology

Progression of polyp to cancer

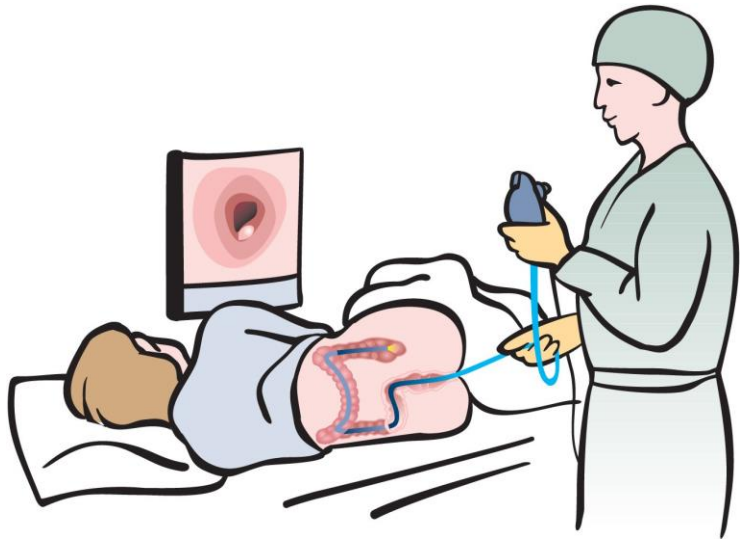


Colorectal cancer screening

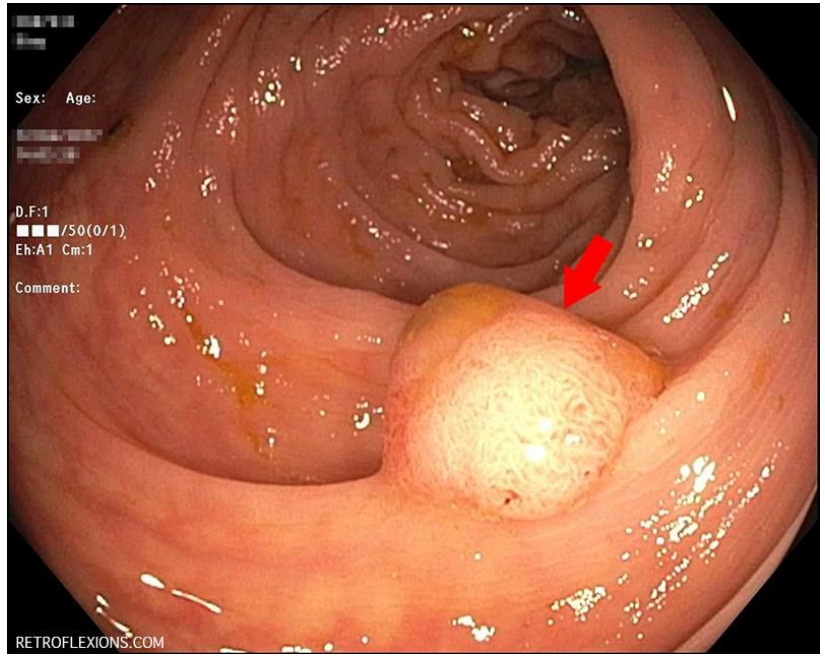
“The best test is the one that gets done.”

Starting at age 45

- Colonoscopy every 10 years
- Anything found can be dealt with there and then
- Bowel prep
- Sedation and day off work



Source: US Preventive Services Task Force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D.F:1
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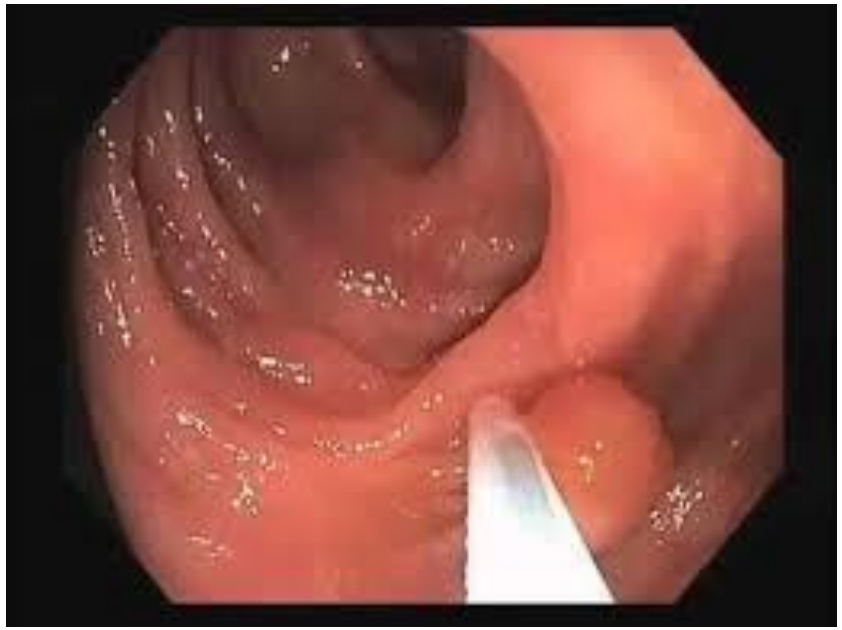
Eh:A1 Cm:1
Comment:
RETROFLEXIONS.COM



Colonoscopy prep

Colorectal cancer screening

“The best test is the one that gets done”

- Fecal Immunochemical Test for Blood in Stool
- Every year
- Yuck factor
- If positive will need colonoscopy

Source: US Preventive Services Task Force

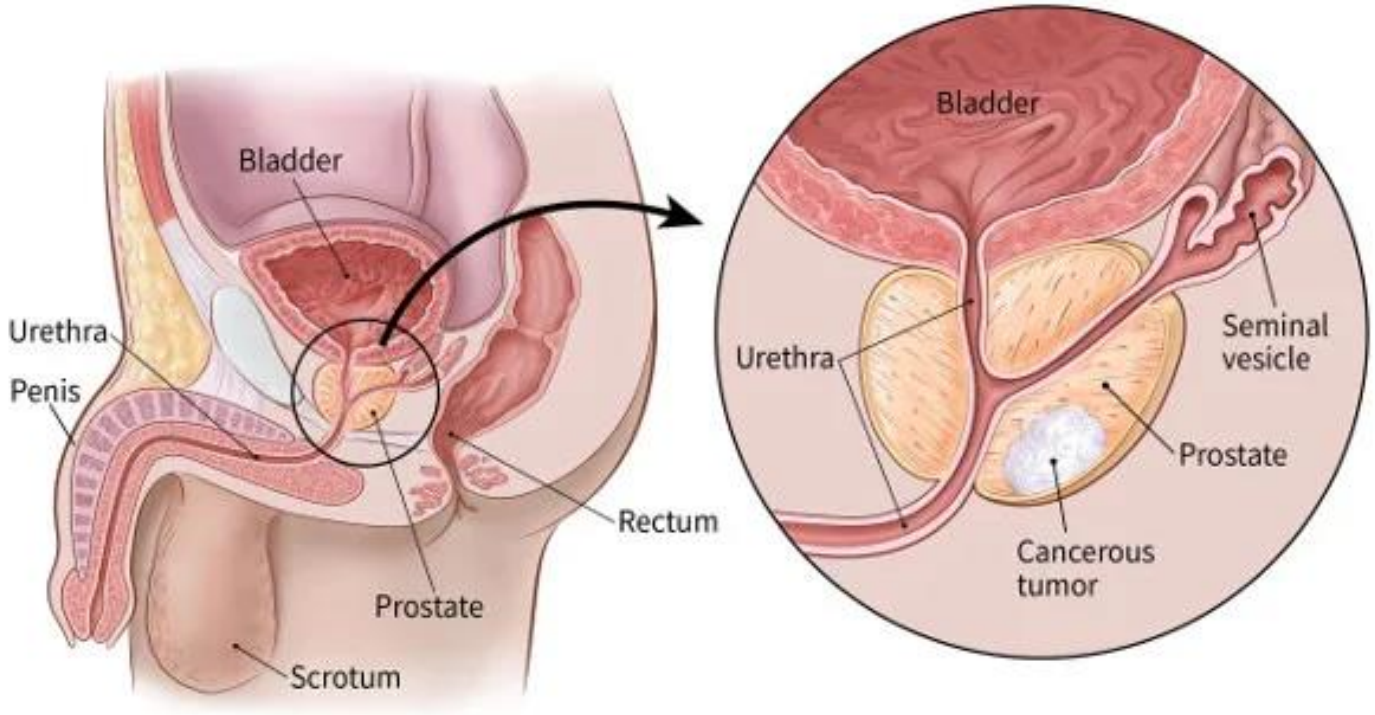
Colorectal cancer screening

“The best test is the one that gets done”

- Stool DNA + blood
- Every 1-3 years
- More sensitive, less specific than FIT alone
- If positive will need colonoscopy

Source: US Preventive Services Task Force

Prostate cancer



Prostate cancer screening

Prostate Specific Antigen (PSA) is a chemical produced by prostate gland; can be produced in excess by cancer cells

- Early detection of prostate cancer with PSA seems to saves lives, but not definitive.
- Most men die with prostate cancer, not from it.
- PSA can’t tell the difference between common, harmless cancers and rare aggressive cancers.
- 2 out of 3 elevated PSAs are falsely high.

Prostate cancer screening

Recommendations:

US Preventive Task Force: testing age 55-69

Screening offers a small potential benefit of reducing the chance of death from prostate cancer in some men. However, many men will experience potential harms of screening, including false-positive results that require additional testing and possible prostate biopsy; overdiagnosis and overtreatment; and treatment complications, such as incontinence and erectile dysfunction.

MSK: Baseline Test at age 45.

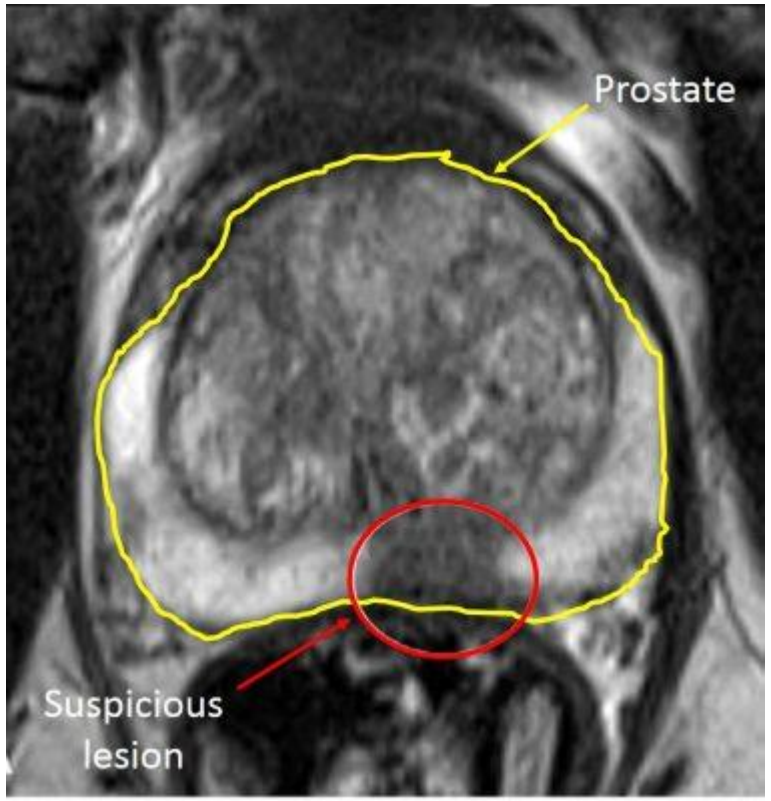
- **If PSA <1**, no need to repeat for several years
- **If PSA is between 1 and 3**, repeat in 1-2 years
- **If PSA >3**, repeat in 6 weeks; if still >3 refer to urology

<u>Requires a nuanced conversation</u>

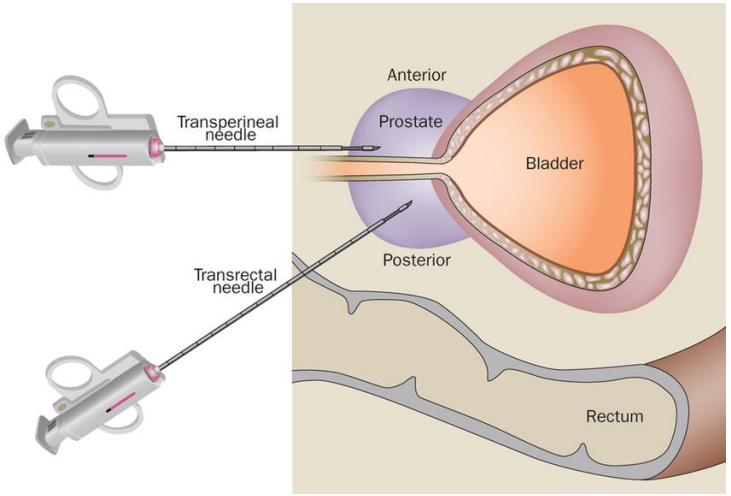
High risk groups:

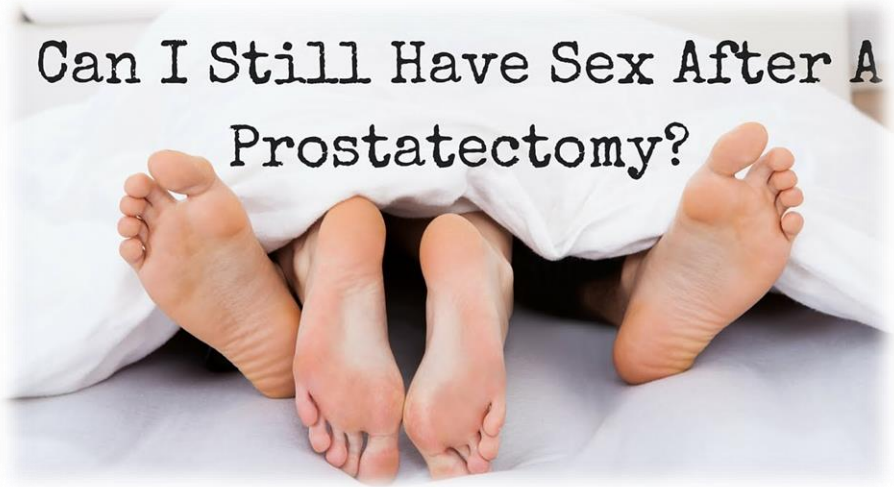
- Family history of prostate cancer at young age
- African Americans
- BRCA gene carrier

Future: Prostate MRI for screening



Prostate cancer screening potential harms



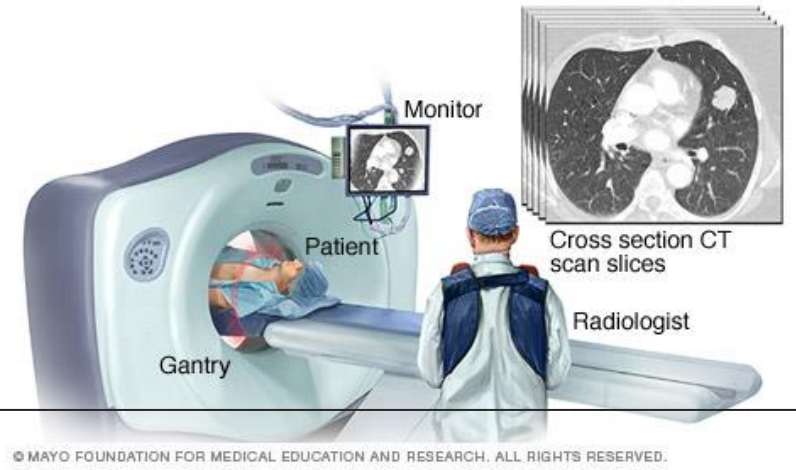


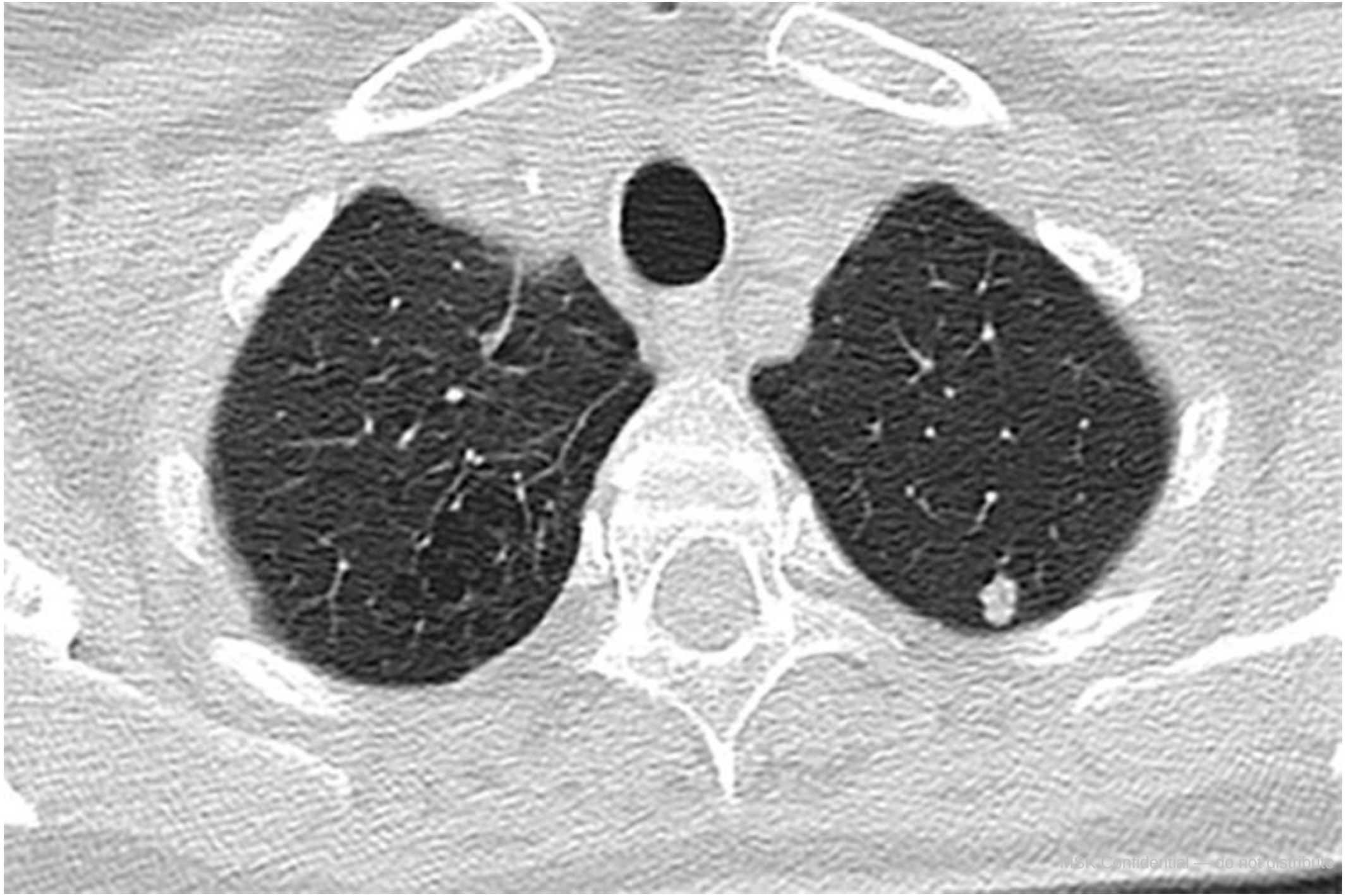
Recommended *lung cancer* screening

Screen smokers or former smokers who:

- Smoked equivalent of 1 pack/day for 20 years
- Are 55 to 80 years old
- Smoke now or used to smoke

Test: annual low-dose CT





Percentage of Eligible Individuals Up to Date With USPSTF Screening Guidelines in the United States in 2021

	Breast Cancer*	Cervical Cancer*	Colorectal Cancer*	Prostate Cancer†	Lung Cancer‡
Overall Screening Uptake	75.6	75.5	71.6	36.3	16.4

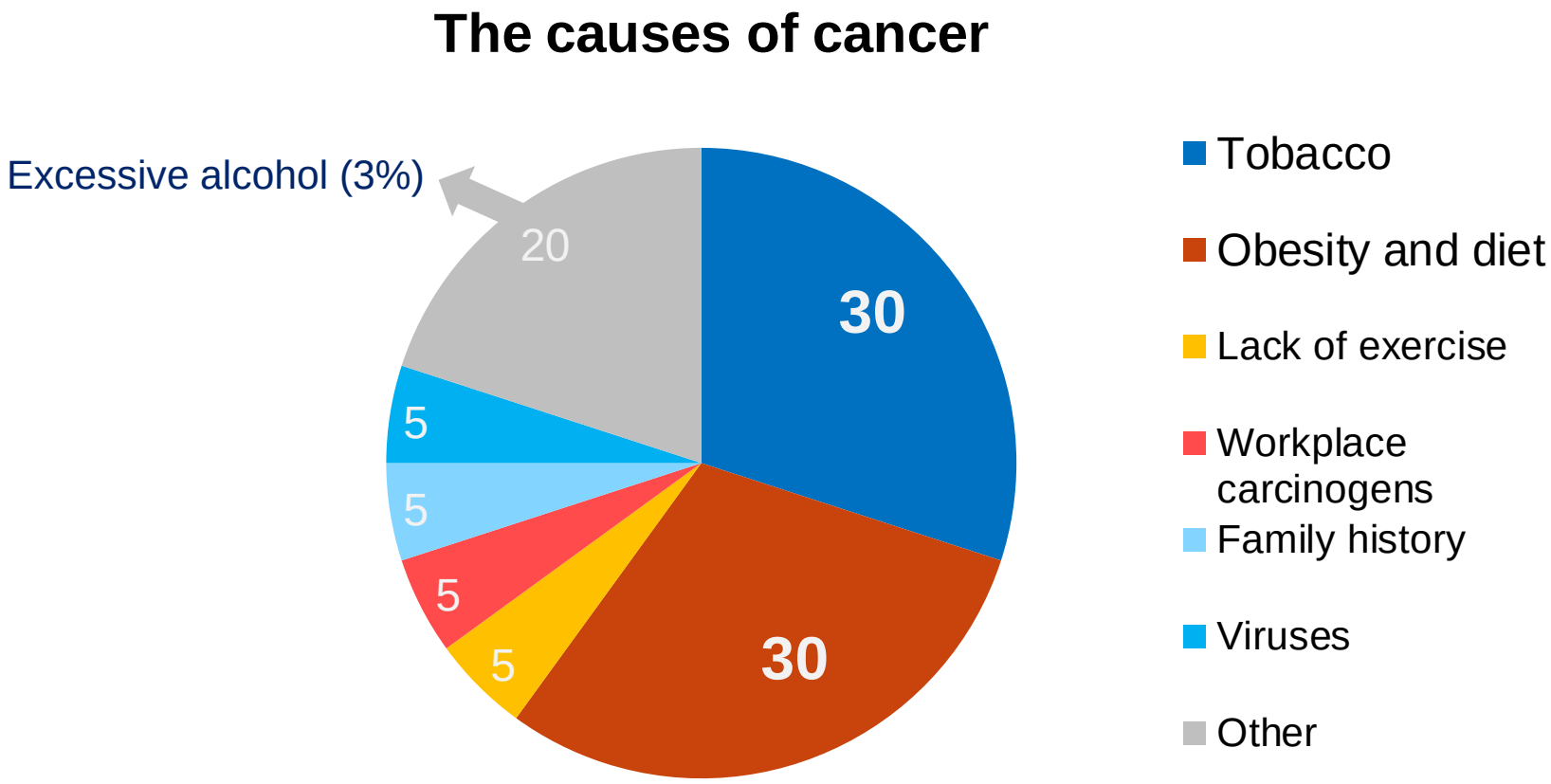
AACR Cancer Disparities Report 2024

Strongest predictors for screening adherence

1. Physician recommendation
2. Health insurance coverage
3. Having a primary care relationship
4. Higher socioeconomic status and health literacy
5. Having the belief that “screening is worthwhile and early detection saves lives”

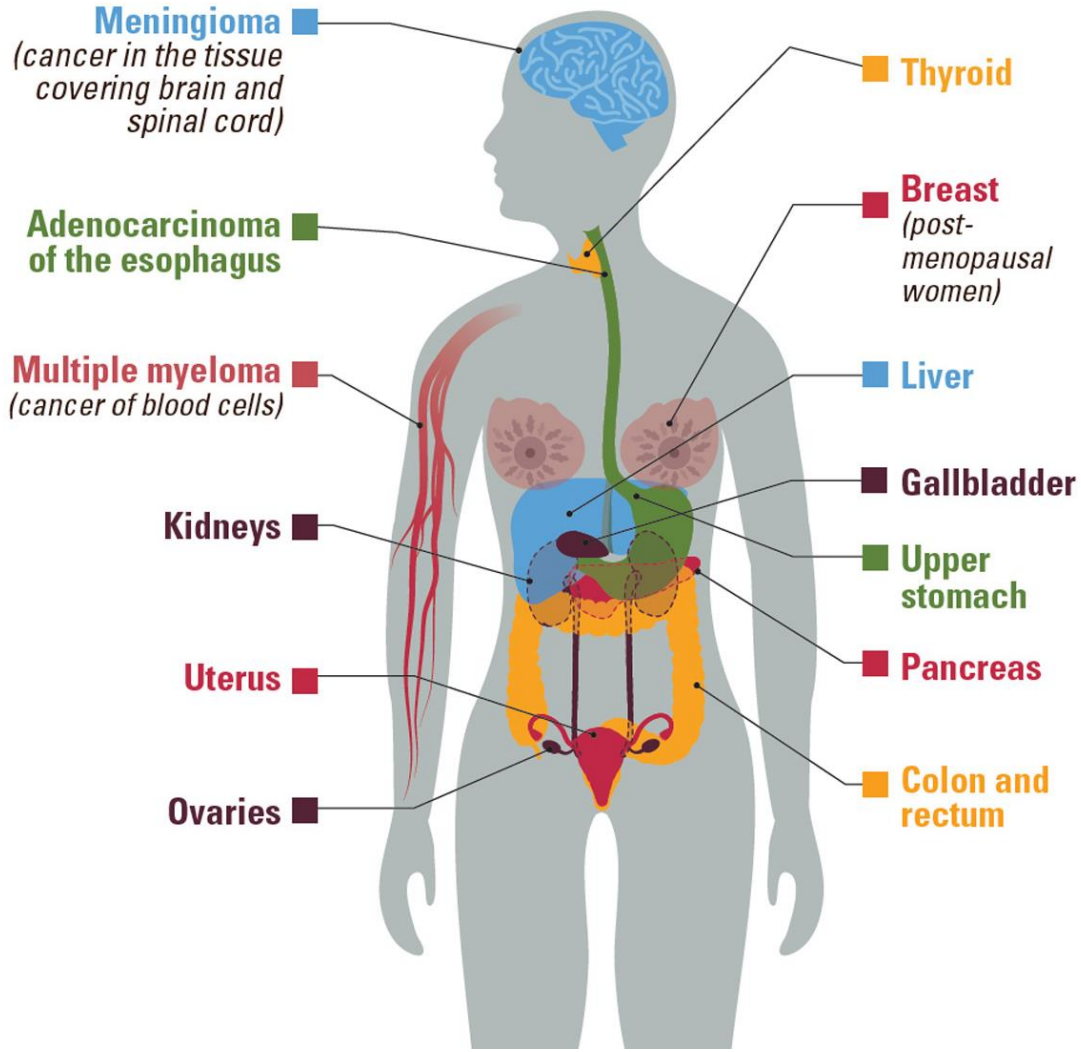
Focus on prevention

Causes of cancer



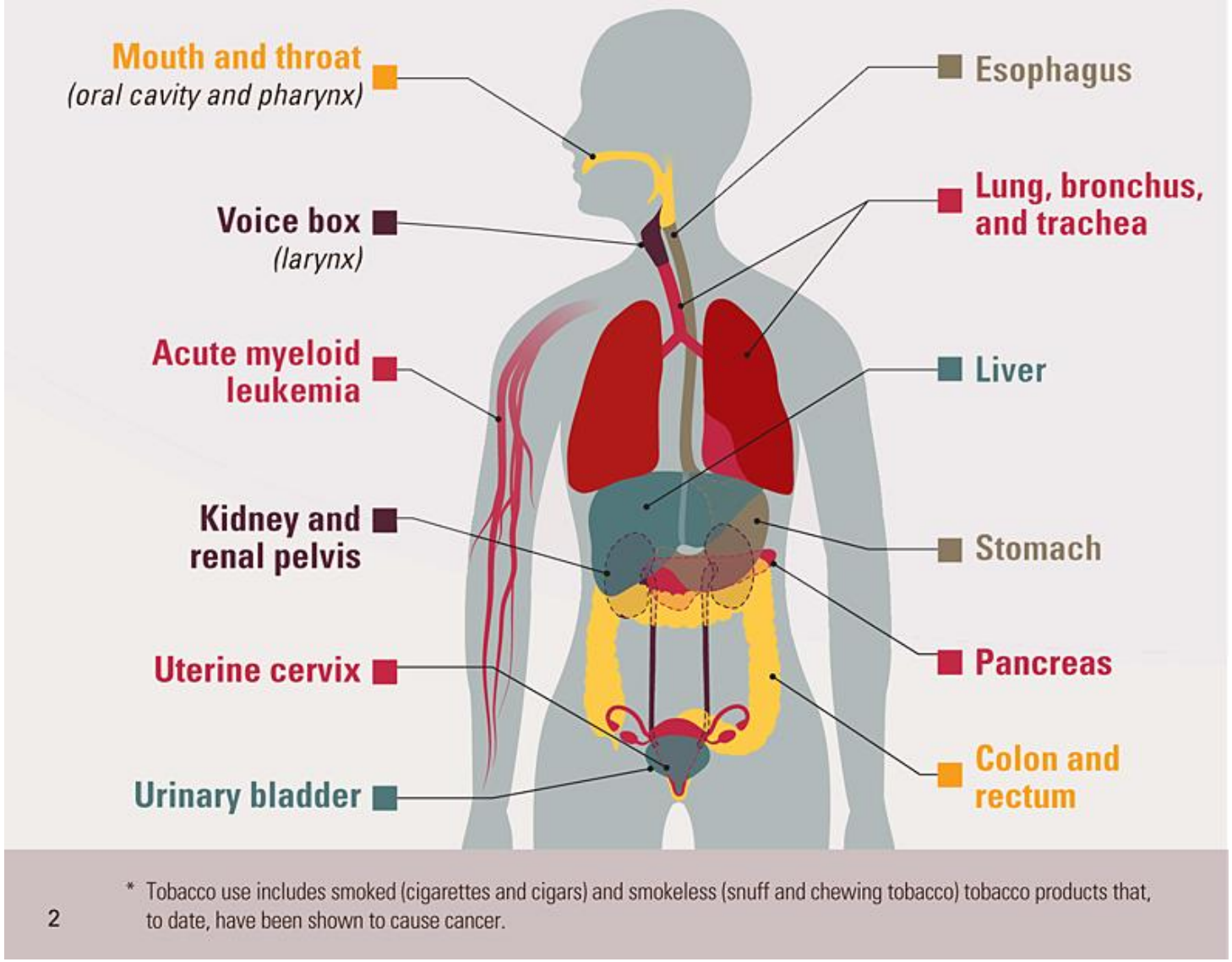
https://www.health.harvard.edu/newsletter_article/The-10-commandments-of-cancer-prevention

Weight is associated with many cancers



https://www.cdc.gov/vitalsigns/obesity-cancer/

Tobacco causes many cancers



https://www.cdc.gov/vitalsigns/cancerandtobacco/infographic.html

Healthy living for cancer prevention

To help prevent cancer:

1. **Don’t smoke or use tobacco**

2. **Eat a healthy diet**

3. **Stay physically active**

4. **Protect yourself from the sun**

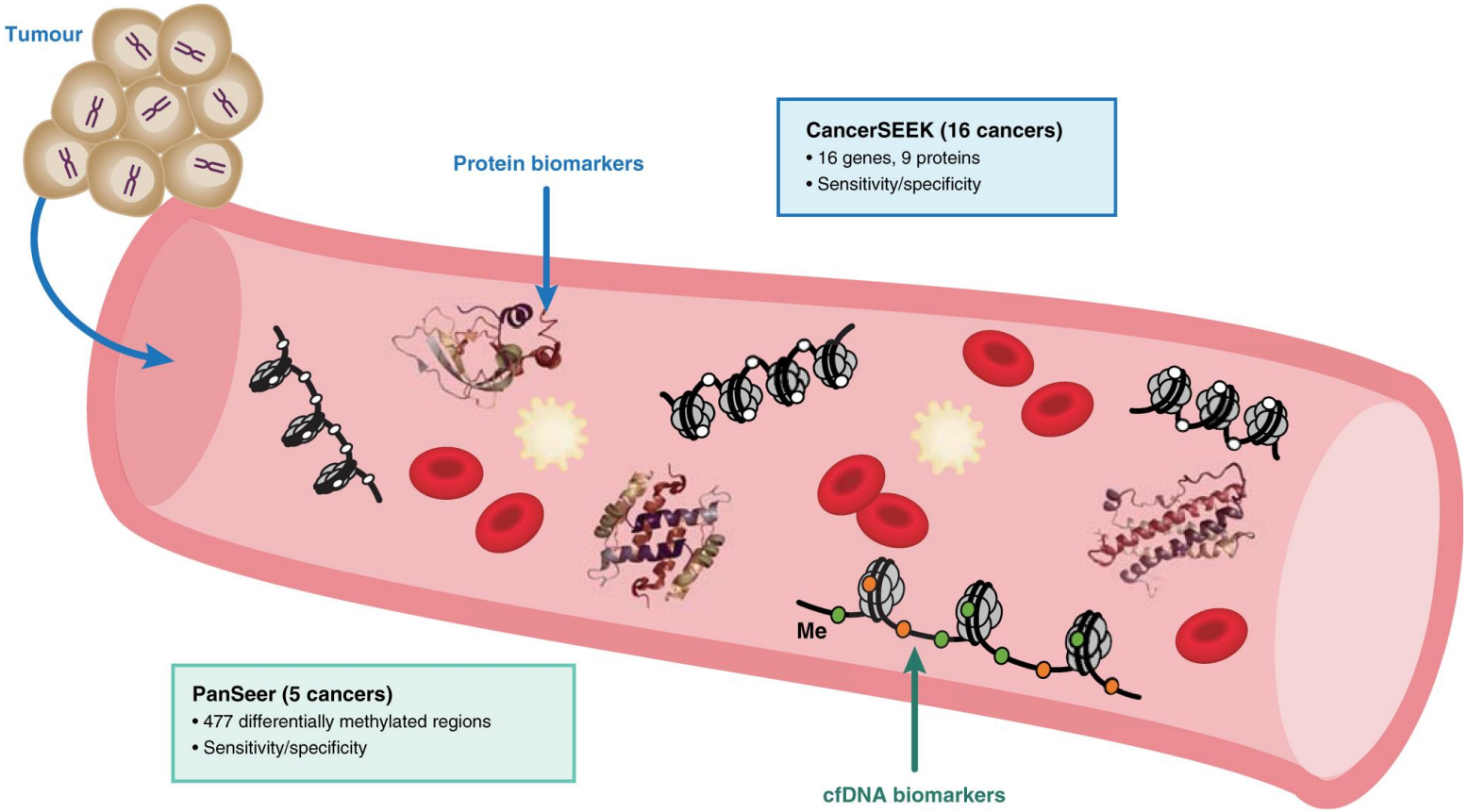
5. **Get recommended vaccines**

6. **Avoid excessive drinking**

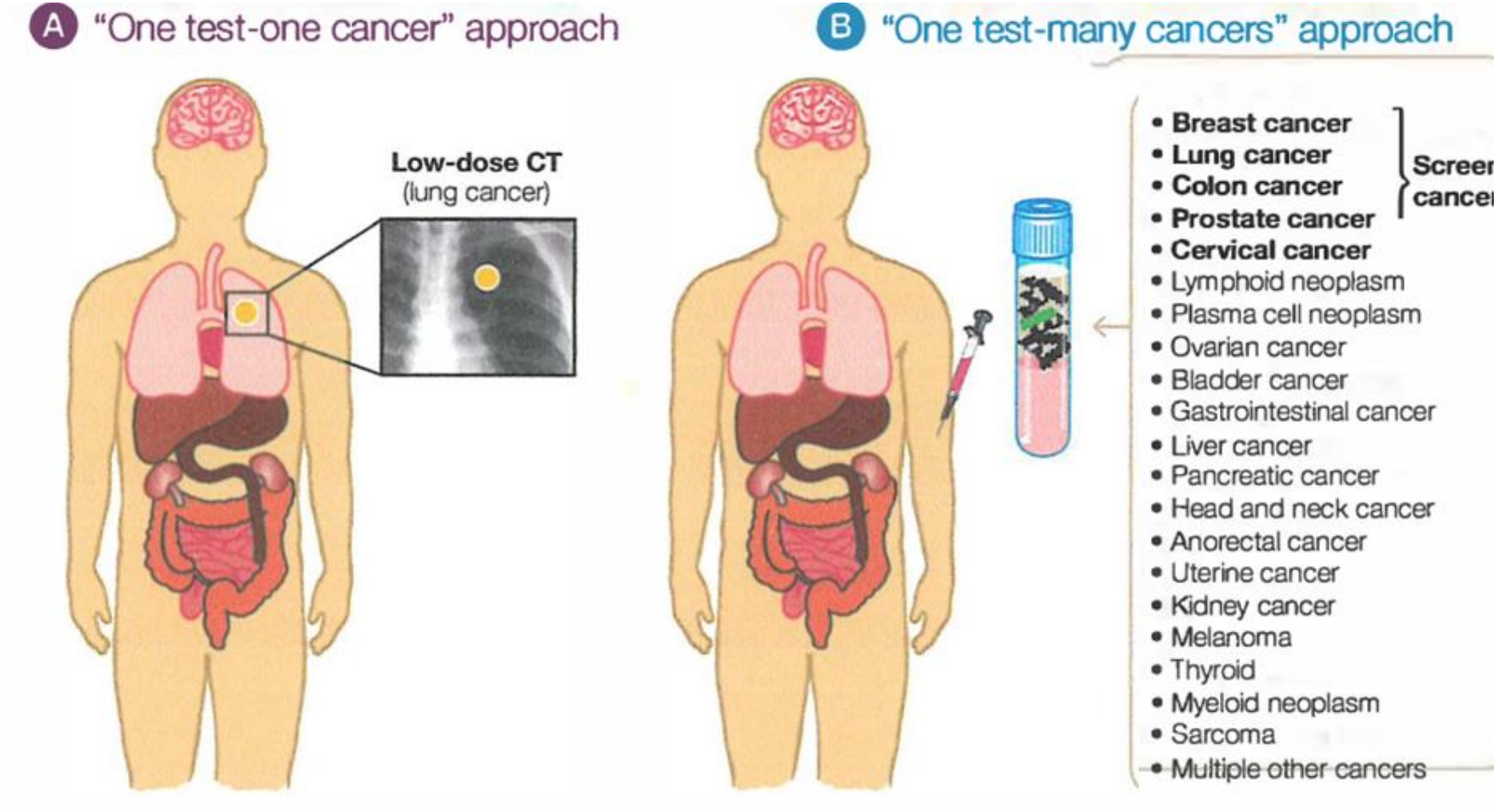
Choose your lifestyle

Future of cancer screening?

Multi Cancer Early Detection (MCED) blood tests: The future?



A different paradigm



Not yet ready for prime time

- Research is taking place to see if MCED tests actually save lives
- NOT a substitute for recommended screening
- Won’t have the answer for many years

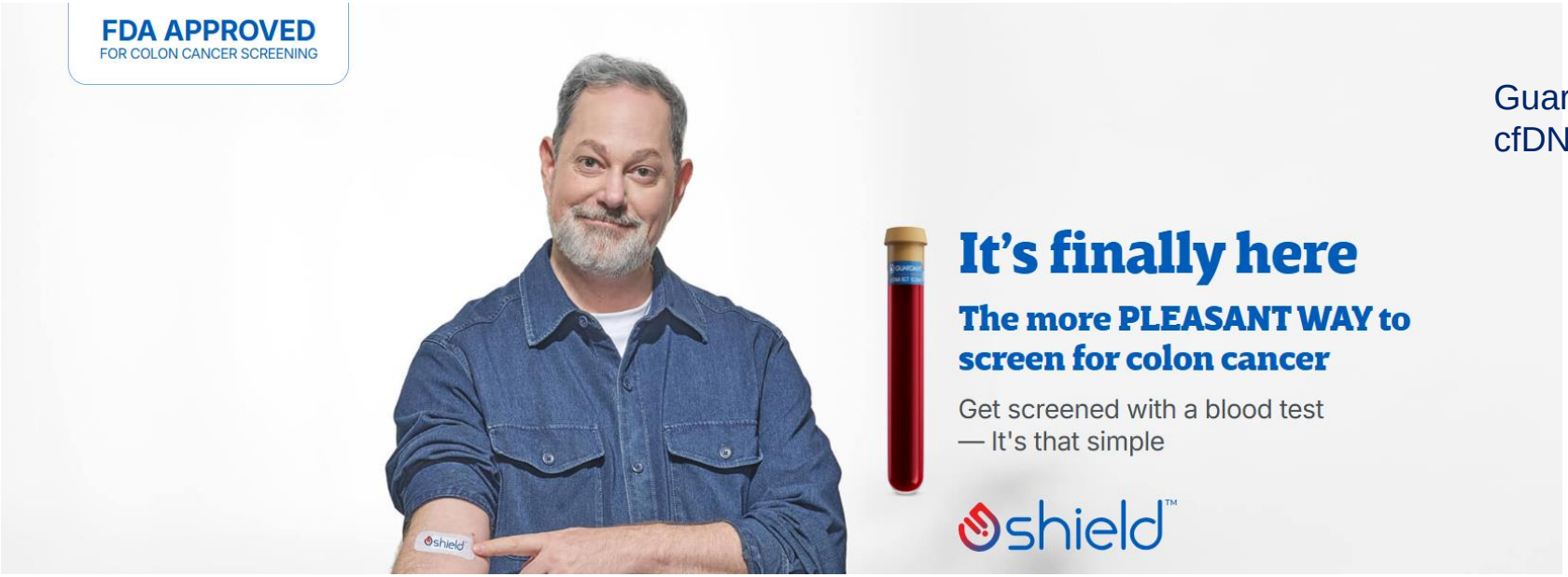
cancerguard™

Less invasive organ specific tests to find cancer

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 MARCH 14, 2024 VOL. 390 NO. 11

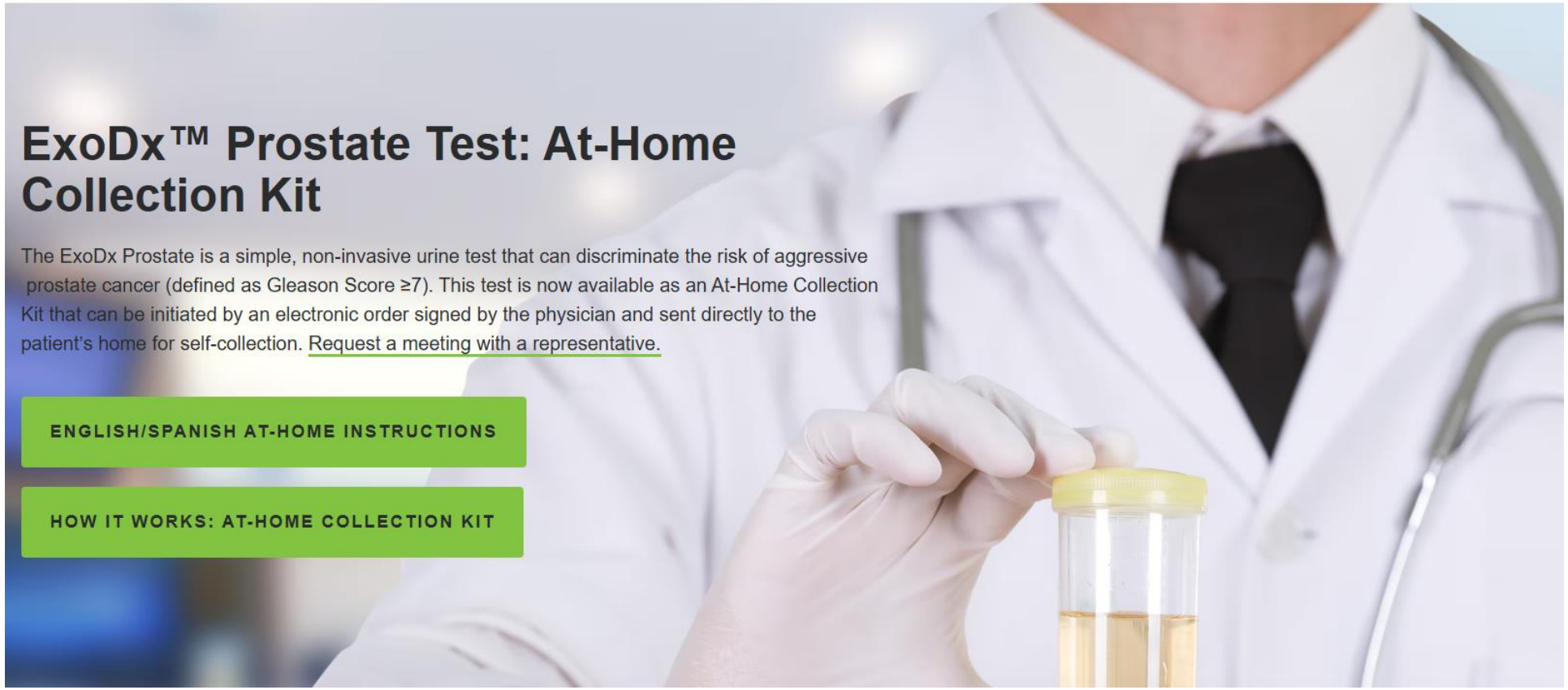
A Cell-free DNA Blood-Based Test for Colorectal Cancer Screening



Guardant Shield
cfDNA- colon cancer

exosomedx
a biotechne brand

Physicians | Patients | Pharma Services | Our Technology | News & Resources



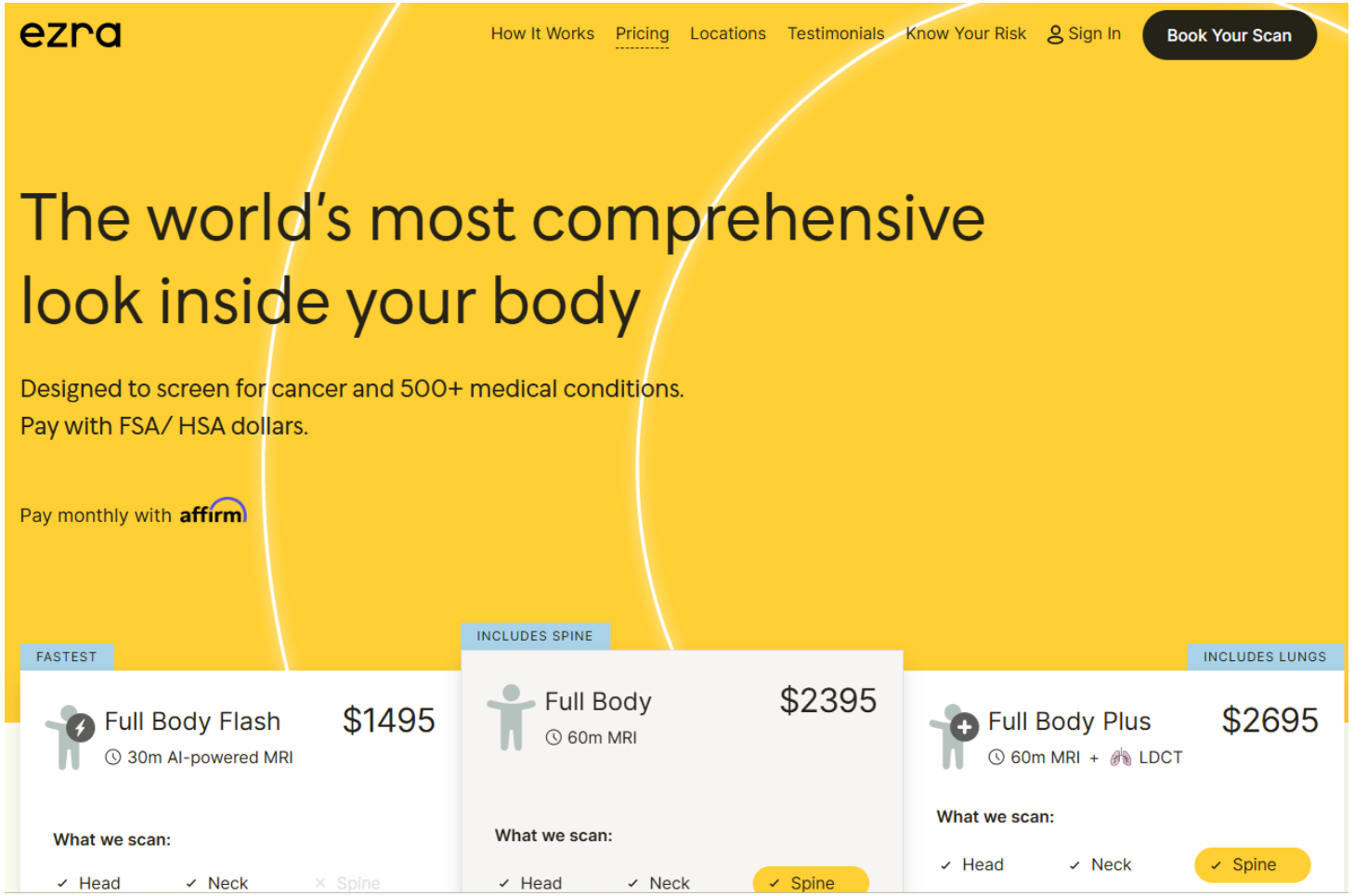
ExoDx™ Prostate Test: At-Home Collection Kit

The ExoDx Prostate is a simple, non-invasive urine test that can discriminate the risk of aggressive prostate cancer (defined as Gleason Score ≥7). This test is now available as an At-Home Collection Kit that can be initiated by an electronic order signed by the physician and sent directly to the patient's home for self-collection. Request a meeting with a representative.

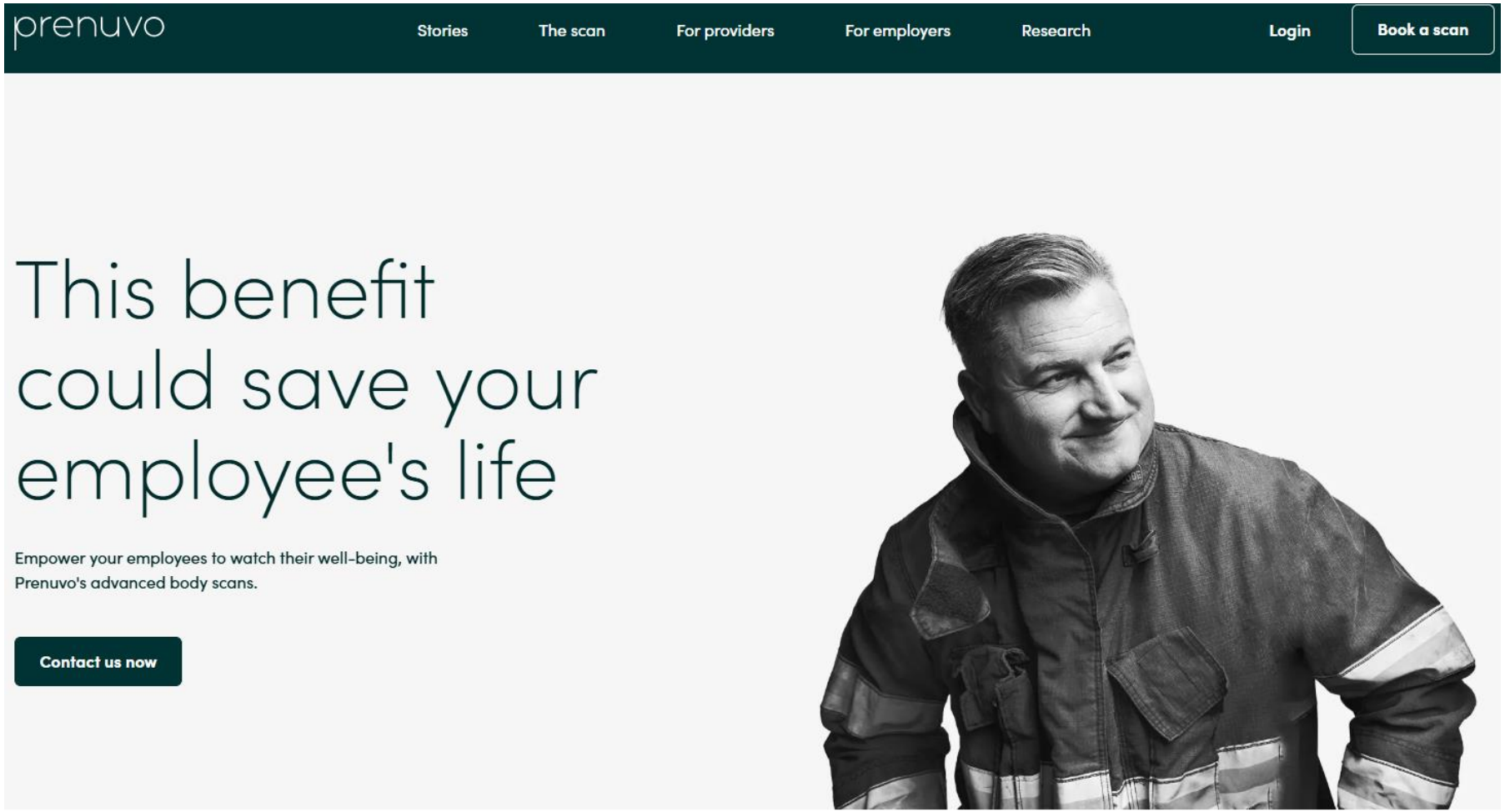
ENGLISH/SPANISH AT-HOME INSTRUCTIONS

HOW IT WORKS: AT-HOME COLLECTION KIT

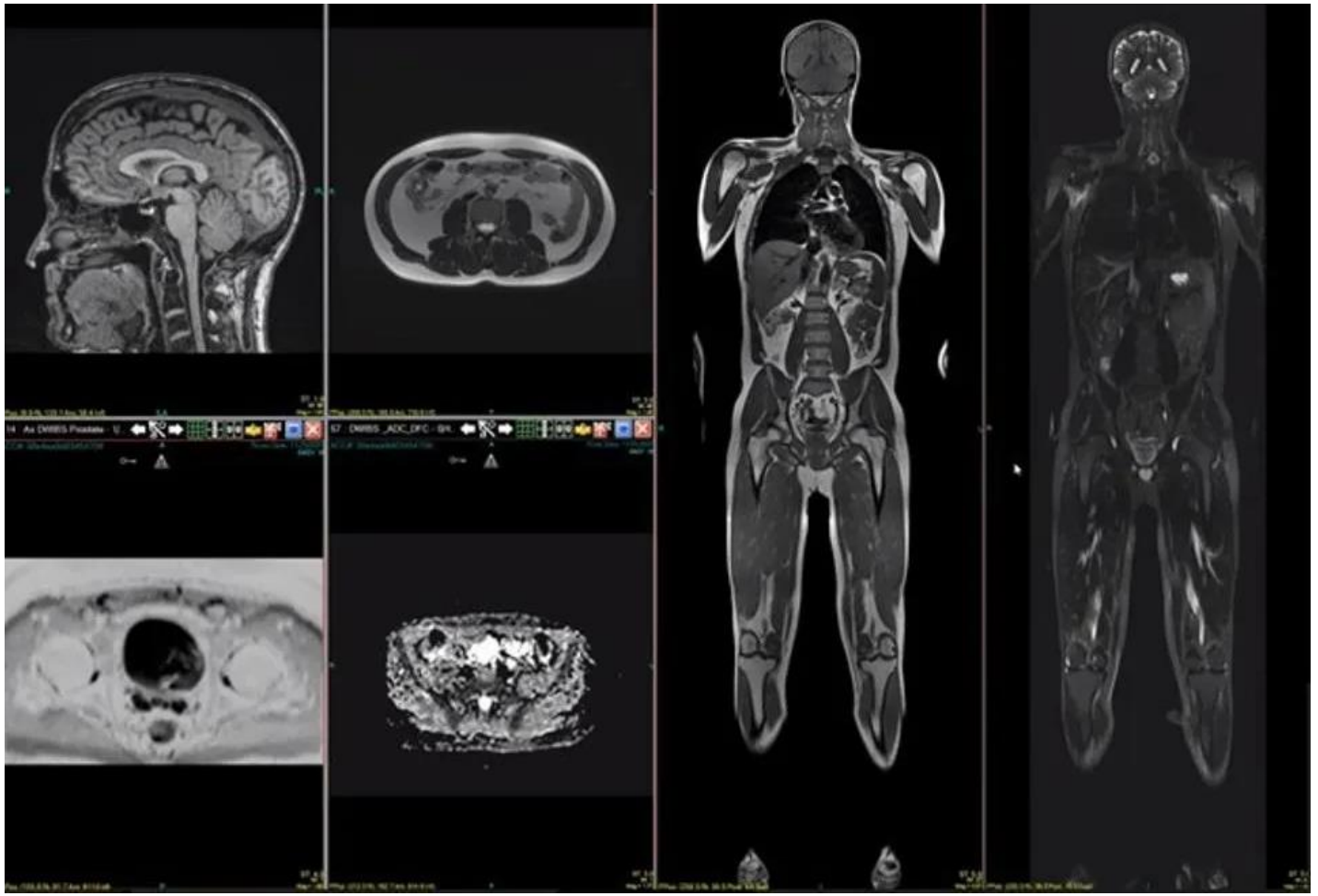
A word about whole body MRI scans



A word about whole body MRI scans



A word about whole body MRI scans

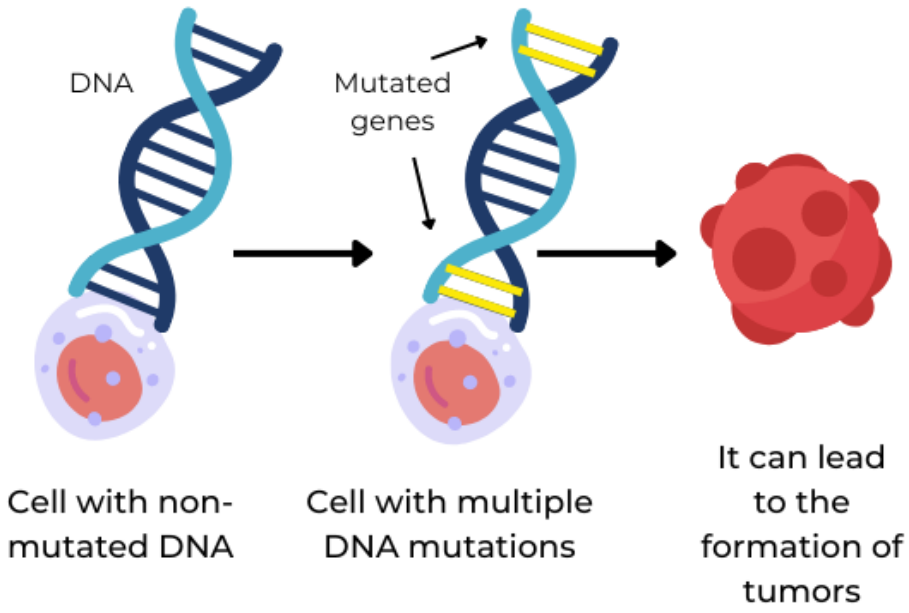


A word about whole body MRI scans

Organization	Recommendation	Key Reasons
American Cancer Society (ACS)	No specific recommendation for general screening	Evidence for benefit lacking; potential for harm from false positives and overdiagnosis
National Cancer Institute (NCI)	Does not recommend for general screening	Lack of evidence for improved survival
American College of Radiology (ACR)	Does not recommend for general screening	Insufficient evidence of benefit; concern for false positives and unnecessary follow-up
American Academy of Family Physicians (AAFP)	Advise against for early tumor detection in asymptomatic patients	No data suggesting improved survival or increased likelihood of finding a tumor
American College of Preventive Medicine (ACPM)	Warns against for general screening	No data suggesting improved overall survival
Choosing Wisely Canada	Recommends against for general screening	Not shown to be beneficial; high rate of harmless findings leading to unnecessary tests and anxiety

“Cancer genes”

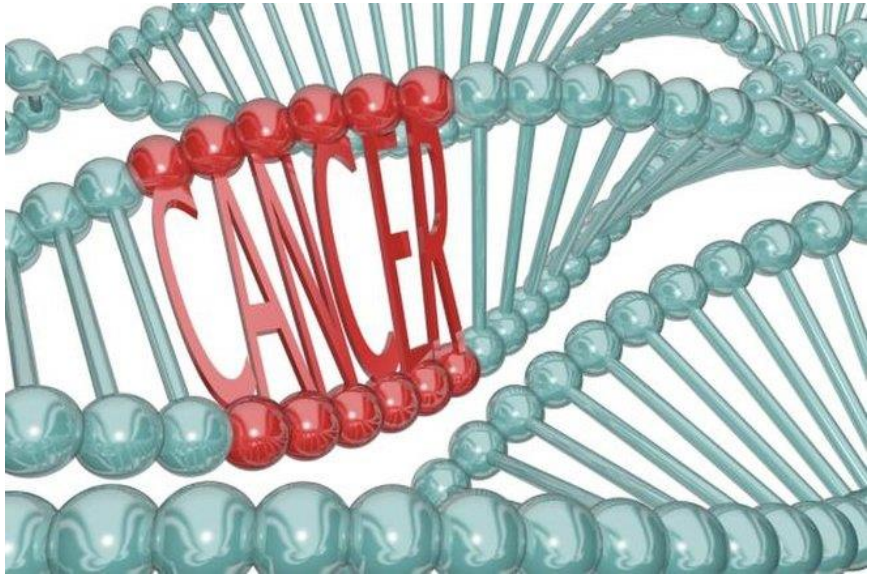
- DNA changes that increase the risk of developing cancer
- Not a guarantee of cancer
- Inherited from a parent, can be passed on to children



When to suspect “cancer genes”

Red Flags:

- Cancer onset at young age
- Multiple cancers in a family
- Rare cancers
- Member of high-risk ethnic group



Examples:

- BRCA 1&2 (breast, ovarian)
- Lynch syndrome (colon, endometrial, brain, others)

Inherited cancer genes: Why bother?

- Begin screening at younger age; more intensive protocols
- Preventative surgery to remove potentially affected tissues before they become a problem
- Screen unaffected family members (“cascade testing”)

Thank you.