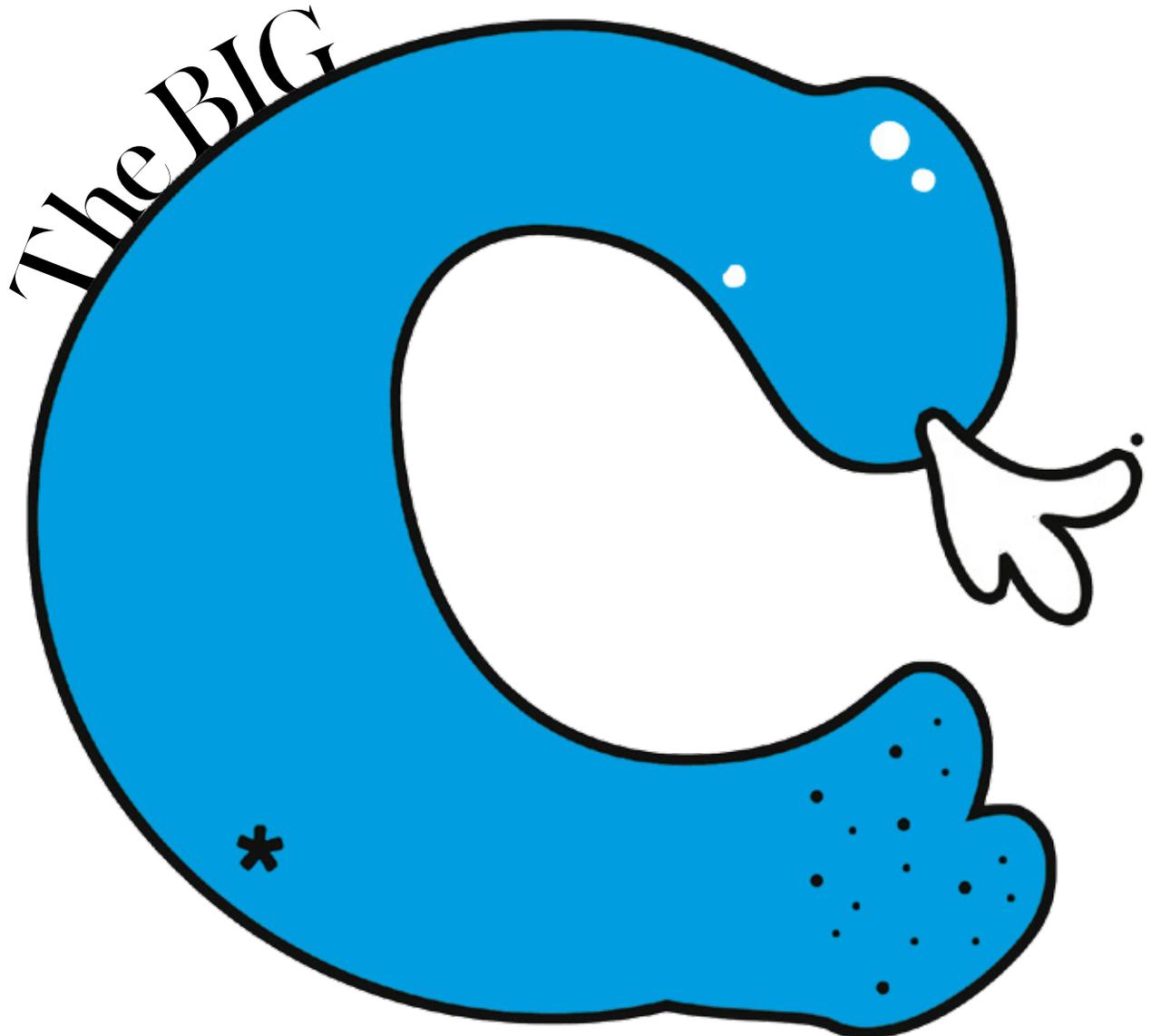


IN THE 1980S, THE TERM  
“GAY CANCER” WAS COINED TO  
DESCRIBE AIDS. AS GAY MEN’S CANCER  
RATES ARE NOWADAYS ALMOST  
TWICE AS HIGH AS THOSE AMONG  
HETEROSEXUALS — IS IT TIME TO  
RE-EVALUATE THE TERM?



IT'S NOT THE SWEAR WORD the British love to use, and it's not the ever-gay word that men of all ages like to use to gain pictures and a range of self-validation. It is both scary and liberating; it's Cancer, gay cancer to be exact. The all singing, all dancing, all or nothing disease of the modern gay world and it's eventually going to get the right kind of media treatment if we insist on it.

Known medically as a delicious sounding "malignant neoplasia" cancer is a broad group of diseases involving unregulated cell growth. The cells divide and conquer like an episode of "Game of Thrones," literally, and therefore Doctors describe it "to grow uncontrollably" which causes the forming of malignant tumors which invade parts of the body that happen to be in the vicinity. But of course the lymphatic system or blood stream could cause these to sprawl even further. And that's when the trouble could really start, but then again trouble usually have a deeper root.

Cancers are like men on the dating field - diverse and complex. And as doctors will tell you, only partially understood. As we cruise deeper into the 21st century cancer, and dealing with cancer, has certainly become more manageable and operations and screening and post-care have improved in a way that could certainly not have been predicted 100 or a simple 20 years ago. Besides for smoking, radiation, obesity and the wide range of environmental pollutants there are some cancers that are genetic, so called inherited defects. But then there some that are not just prevented by healthy eating, exercise, vaccinations and less time on the sunbed, never mind Mykonos beach - and they are what's causing the gay world in particular to sit up a little more to peek at what's really going on.

#### BOTTOMS UP

Before blonde darling actor and model Farrah Fawcett came out publicly about her cancer most people were not discussing anal cancer at their dinner tables, even the "Sex And The City" ladies avoided, Lena Dunham and her posse of "Girls" opened up about HPV (Human papillomavirus) but the cancer word related to the anus was yet to hit mainstream (even today). Now the New Zealand AIDS Founda-

tion (NZAF) recently warned that anal cancer is "likely to be the next big health concern for gay and bisexual men." And according to Liz Margolies, the Executive Director at the National LGBT Cancer Network in New York "anal cancer is a huge and growing issue for gay men, especially those who are HIV positive." She says that this specific cancer is often (up to 95% of the time according to the Anal Cancer Foundation) caused by HPV, the same virus that causes cervical cancer in women, and it can be passed through sex as well as skin-skin contact. And this means a condom can't exactly help you in this regard.

## ANAL CANCER IS LIKELY TO BE THE NEXT BIG HEALTH CONCERN FOR GAY & BISEXUAL MEN

And to get a little geeky about it, anal cancer is typically "an anal squamous cell carcinoma that arises near the squamocolumnar junction" and is often linked to HPV. And the reason that HPV and anal cancer are now becoming common and on the rise in the gay male population is quite simply because of the frequency of anal intercourse that's taking place (apparently more than ever before) - not exactly rock-et science or anything.

The HPV virus, spread through receptive anal intercourse, is estimated by The Anal Cancer Foundation to be present in 65% of gay men without HIV and 95% of those who are HIV positive. "For those who smoke and are HIV+, their odds are even greater and LGBT people use tobacco at rates that are 68% greater than the general public," says Margolies. So put down that Marlboro Man right this second.

#### WHAT'S UP DOC?

And the doctors in the U.S. are saying something similar. According to Paul Mittelstadt, M.D., "Anal cancer in gay men or men having sex with men (MSM) has the appearance of being the next major health crisis within the gay community." He declares that within the last 5 years, the incidence of anal cancer within the

gay male community and MSM has risen by as much as 1800% (depending on the study). And names the risk factors to be "the recipients in unprotected anal intercourse, cigarette smoking, and a positive HIV status."

Alarming if anything, but does this mean we have to stamp out the butt and butts? And where does this leave the gay man and his anal area, besides for somewhat exposed. "A lack of hard data" on how sexual orientation affects the risk of cancer is "one of the biggest problems we have," said Margolies on HealthNews.com and has widely been quoted to say this. Grasping for something to put this all into perspective is where anal cancer will need to look to for some answers right now.

And so the figures and statistics we do have available are coming from Ulrike Boehmer (PhD) at the Department of Community Health Sciences in Boston at the University School of Public Health but mostly about post realization and not, like Margolies suggested, the many steps before. Boehmer says, "Among men of different sexual orientations, gay men had significantly higher prevalence of cancer survivorship, about 8% or almost double the prevalence of heterosexual or bisexual men." For male cancer survivors, they found gay men to have a significantly younger age of diagnosis (mean age, 41 years) compared with other sexual orientation groups although the amount of time men were living with cancer did not differ significantly by sexual orientation, on average 8 years. She goes on to say that the prevalence of men's melanoma, colon or multiple cancers did not differ by sexual orientation. However gay men reported a "significantly lower rate of prostate cancer, with 5% or a third of the prevalence in other men." Interesting statistics that put some of anal cancers concerns in context, but what comes next has yet to put bums on seats.

#### SOLVING ANAL CANCER

The main idea is that anal cancer should become part of our vernacular, the way that acne and root canals are. Even the baldness doctor has his spot on the subway advertisements schedule, giving baldness less of a bad name and more of "helpful" voice. Shying away from anal

# CANCER OVERVIEW

## SKIN

If you're pale or have blond or red hair you are at greater risk here. But anyone spending time in the sun, and too much of it, will be at risk. To avoid complications wear sunscreens that block UVA and UVB sun rays and most certainly stay off the sunbed. If anything changes on your skin see a dermatologist immediately, from moles to coloration.



## LUNG

Smokers are of course at great risk for this common disease, and many related diseases such as heart disease, bronchitis, stroke, and emphysema, and research suggests that gay and bisexual men are much more likely to smoke than heterosexual men. To avoid lung cancer, simply quit smoking by never buying cigarettes again or find a support group to join like I Quit Smoking International. If you are at high risk, a Computerized tomography (CT scan) to detect early lung cancer is fairly simple to arrange with a doctor.

## COLON

Mostly found in men age 50 and older and men who have polyps in the colon or rectum, or inflammatory bowel disease, smoking, processed food and alcohol abuse also increases the risk. Colon cancer starts with a polyp, a small growth on the lining of the colon or rectum, and having either a scope inserted into the rectum or getting x-rays done are the two most effective tests. Also looking out for blood on the stool.



## PROSTATE

Often occurring in men older than 50, the most common of cancers in men is easily found in its early stages by having a prostate specific antigen blood test with a rectal exam. If found, and treated, the avoidance of having trouble controlling urine and keeping an erection can easily be observed.

### THE SELF EXAMINATION

1. Wash your hands and warm them up by rubbing them together
2. Put on medical gloves and then lubricate a finger with Vaseline or a lubricant
3. Lean forward to get better access to the prostate
4. Insert the finger into the rectum and reach up until prostate is found
5. Determine the firmness: Soft is good, firm means a doctor's appointment is necessary



## ANAL

An infection with the human papilloma virus (HPV) increases the risk of anal cancer and the HPV risk is increased by having anal sex and having many sex partners. Also smoking increases the risk of course. Condoms will unfortunately not always protect against HPV, because HPV can be passed by skin-to-skin contact with any area of the body, such as skin of the genital or anal area not covered by the condom. A rectal exam at the doctor can find early cases of anal cancer, an anal pap smear is recommended for high riskers.



## TESTICULAR

Common in men between the ages of 20-34, testicular cancer often starts with a lump on the testicle that is often painless. Swelling and achiness may follow, but doctors recommend a self-exam starting as young as in puberty.

### SELF EXAMINATION

1. Tuck away the penis, and feel one testicle at a time
2. Hold the testicle between thumb and rest of your fingers and roll gently
3. Look out for lumps, bumps or anything that is inconsistent



matters goes back to the medieval times where religion prevented us from discussing sex, and everything related, as the head of the church approvingly looked upon his flock controlling their every move, anal or not. The times have changed, health care, sexual health care and life in general is tangled with a fabulously interesting modernity and it can't be reversing out of this now.

But when it comes to the medical side of things a colposcopy is what is called for - a medical diagnostic procedure that examines the anal area in this case up close and personally with the most illuminated and magnified view. Women go and lie in stirrups (of some kind) and have their private areas investigated by a friendly doctor passed along the family so why can't men turn onto their bellies and have the doctor get a good look. Prostate has become a standard assessment, and so anal probing and area assessment in a medical sense can be too.

So it's about scheduling that very simple and inexpensive anal Pap test that will detect the virus. According to Mittelstadt, "Testing is simply the male equivalent of the female Pap smear" which is done very easily with a soft brush sample of the anus. If positive some further testing or treatment that would consist of "a weak acid treatment for localized early cancers to more invasive treatments such as medical freezing, stronger acid treatment, or surgical removal in advanced cases." But testing, like with everything in life it seems, is recommended whether you're HIV positive or smoke or not (unclear where electric cigs fit into this just yet). Mittelstadt talks about the prevention of anal cancer in the same way as he does about cervical cancer, "a 3-part vaccination series for HPV" that has shown up to an 80% decrease rate of anal cancer in fully vaccinated men. But the operative here isn't the big figures or ease of the whole matter, it's about the stigma - if everyone goes it will become routine and as regular as any other scheduled annual check up.

In terms of curing HPV, which could lead to anal cancer we have now discovered again and again, there are much simpler steps than when it has trickled down too far and cancer has taken root. A biopsy

(considered potentially curative) is done or it the area can be cleaned up with a laser. Laser is painful and although it sounds like more fun, it's done under anesthetic. But like Peter Gearheart, M.D., says, "The treatment of most HPV infections involves agents that directly ablate the lesions (e.g., surgical excision, chemical ablation, and cryotherapy). Inappropriate use of these agents may cause extensive and unnecessary tissue injury and loss". And that might be on your own head, or ass, if things don't go exactly as planned.

**THE SOCIAL STIGMA THAT ANAL CANCER CARRIES WITH IT PREVENTS FAIR AND EQUITABLE CONVERSATION, AWARENESS, & FUNDING THAT COULD SUPPORT RESEARCH AND CARE FOR PEOPLE WITH THE DISEASE**

And to assess just how far we have come, for the last 10 years issues receiving attention surrounding anal cancer include "determining the effect of antiretroviral therapy on the natural history of HGAIN (High Grade Anal Intraepithelial Neoplasia)" and the "incidence of anal cancer, optimizing diagnostic and therapeutic approaches to HGAIN, and determining the potential for prophylactic HPV vaccines to prevent anal HPV infection and anal cancer in at-risk groups" or so says Joel Palefsky in "Human papillomavirus and anal neoplasia" in the HIV/AIDS report journals. The British Medical Association (BMA) has even called for an HPV immunization program to be widened to include gay men, in an effort to tackle what they are calling "alarming" rates of HPV-related diseases.

Some organizations, like the HPV and Anal Cancer Foundation, have dedicated themselves to empowering anal cancer patients and "accelerating prevention and research methods that eliminate anal cancer and the virus that causes the majority of cases, HPV." According to The National Cancer Institute in 2013 roughly 7,000 people were diagnosed with anal cancer in the United States. This is a significant increase from the 5,820 people (3,680 women and 2,140 men) diagnosed in 2011. In the United Kingdom, about 1,100 people are diagnosed with anal cancer each year. And so it has become clear that anal cancer is "increasing in its incidence and is affecting more people across the world every year." And as with so many things in life, the Anal Cancer Foundation believe that "the social stigma that anal cancer carries with it prevents fair and equitable conversation, awareness, and funding that could support research and care for people with the disease."

A public service announcement is by far the most important first step right this very second. It is the time to not be offended, the more you work on giving anal cancer a face, not literally necessarily, the easier it will be for the stigma to go away. I'm sure Mark Wahlberg or someone whose anus we've thought about will step up to be the role model. Imagine him doing television segments smiling broadly discussing his anus and the importance of having it checked out regularly. It might even inspire youngsters to take up studies in the medical field for all we know. Cancer, let's be honest, can be less joyous and a bit of buzz kill if you choose for it to be. But anal cancer can be taken by the proverbial balls, or chaps, and treated with a new attitude - an openness that the world will eventually appreciate and revert to. It is all just a matter of time and sooner or later even the mass media will inflame and reporting on all the issues surrounding the anus. Oprah will be discussing it on her new spin off show, jokes will be made on Saturday Night Live and maybe, just maybe, a gay male celebrity will not only jump out the closet about his sexuality but about his anal cancer. Giving the clout that comes from discussions from behind closed doors at the doctor's office as much clout as at dinner parties and subway con-

versation starters. All hail the anus, apparently it's going to be big.

**SO WHAT ABOUT PROSTATE CANCER?**

Referring to prostate cancer specifically Thomas Blank, in "Gay men and prostate cancer: invisible diversity" in the Journal of Clinical Oncology (the official journal of the American Society of Clinical Oncology), says "Yet, despite at least some attention to factors such as race, ethnicity, age, and socioeconomic status, one group remains almost totally invisible - the gay, lesbian, bisexual, and transgender community." As one of the most common cancers in men, prostate cancer studies for all the ages showed that gay men are supposedly equally at risk in relation to straight men. But then the latest studies, associated with Prostate Cancer UK and Stonewall, are now indicating that prostate cancer is actually less prevalent in gay men but the mainstream media hasn't clubbed in on this as of yet.

According to Mayo clinic, prostate cancer can usually be found in its early stages by having a prostate-specific antigen (PSA) blood test and an always-fun-and-easy-to-look-forward-to rectal exam. The theory (unscientific of course) is that most gay men, whether they are top or bottom, are more in touch with their prostate than their zipped mouthed straight equals. But the challenges associated with prostate cancer, especially according to Prostate Cancer UK, could potentially be more complex. Ranging from sex issues, as according to Journal of Men's Health, during "anal sex the prostate gland can be an area of sexual pleasure, and it is argued that prostate cancer therefore, carries a particular significance to gay men and their sense of sexuality" - as if we didn't know this very, very well already. But the other issues are more pressing, like receiving care that is culturally appropriate and sensitive. But where exactly is this reprieve available?

The non-profit GMHC (Gay Men's Health Crisis) in New York, although focused on AIDS and HIV mostly, is one of the best places to find the right person to

discuss your anus and everything surrounding it. And Callen Lorde, a community health center in also in Manhattan, most certainly has the exact right focus with a sensitive health care attention stragem - for any kind of anal query. And like Margolies says in "Anal cancer, HIV, and gay/bisexual men" in GMHC's treatment issue publication, "those who are open about their sexual orientation often do not know enough about anal cancer to request a screening." She advocates that the gay community "both HIV negative and HIV positive MSM" need to be shown what to do, and so it all really is coming back to education of course. "Then individuals can make informed decisions about whether to be screened and seek out a provider who is familiar with the options."

**WHAT TO DO**

So to keep things a little simpler, as we suggested cancer is detectable in a number of ways (well in theory this is the case) from signs and symptoms you may or may not be aware of, having screening tests done all the way to medical imaging. Next phase is usually diagnosis, done by microscopic examination of a tissue sample and then it is time for treatments naturally (which is gaining popularity again) or radiation, chemotherapy or some sort of surgery. But the real idea is to find cancer early. Early detection is first prize. According to Margolies, "many LGBT people engage in sexual practices that may not be addressed in printed materials and may be beyond the scope of knowledge or comfort of oncology medical and social service providers." She gives the example where prostate cancer treatment could potentially compromise erectile functioning and how a healthcare provider might be competent in discussing the options for vaginal penetration post treatment but not if you're a card-carrying non-vagina bearer interested in men.

**RECOMMENDED TESTS**

Some tests that have the best chance of finding both polyps and cancer should be your first choice when possible - doctors can advise on exactly what you need. Some suggestions include:

FLEXIBLE SIGMOIDOSCOPY EVERY 5 YEARS

DOUBLE-CONTRAST BARIUM ENEMA EVERY 5 YEARS

COLONOSCOPY EVERY 10 YEARS

A CT COLONOGRAPHY EVERY 5 YEARS

AND FOR TESTS SPECIFICALLY LOOKING FOR CANCER: FECAL OCCULT BLOOD TEST (FOBT) OR FECAL IMMUNOCHEMICAL TEST (FIT), ALSO KNOWN AS A STOOL BLOOD TEST, EVERY YEAR

STOOL DNA TEST (SDNA) (MAYOCLINIC IS WORKING ON MAKING THIS AVAILABLE)

**LIFESTYLE CHOICES**

And then some simple lifestyle suggestions that can't hurt:

DON'T SMOKE

STAY AT A HEALTHY WEIGHT

EAT HEALTHY FOOD AND INCLUDE FRUIT AND VEGETABLES

LIMIT ALCOHOL TO NO MORE THAN 2 UNITS PER DAY

PROTECT YOUR SKIN FROM THE SUN

KNOW YOURSELF: MEDICAL RISK FACTORS AND FAMILY HISTORY

FIND A CUTE DOCTOR SO YOU CAN SEE HIM REGULARLY FOR CHECK UPS