

A silent killer in Saudi Arabia: Male cancers

Rising life expectancy means that more aggressive awareness campaigns and detection for male cancers is required to keep mortality low.

Male cancers, including prostate, testicular and penile cancer, were not among the top health concerns in Saudi Arabia until recently. "Prostate cancer is the number one cancer amongst men in most Western countries, but that hadn't been the case in Saudi Arabia; it had been number five but now it is number

two [among men over the age of 60]," explains Danny Rabah, professor of surgery and head of the division of urology at King Khalid University Hospital in Riyadh.¹

The main reason for this is the increasing life expectancy of a growing population. Prostate

Figure 1: Incidence of male cancers in Saudi Arabia by type, 2013-17

Number of people

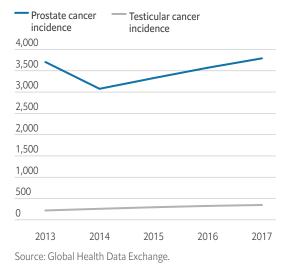
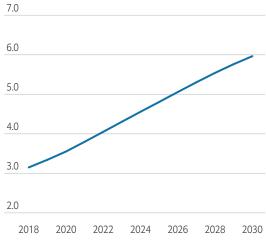


Figure 2: Male population in Saudi Arabia above the age of 50

Millions



Source: UN, Department of Economic and Social Affairs, Population Division (2017).

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¹ Prostate cancer was the second most common cancer amongst men aged 60-74, and the most common among men over 75, according to 2014 government data, the most recent available. See page 19 of "Cancer Incidence Report: Saudi Arabia 2014," published by the Saudi Health Council and Saudi Cancer Registry, 2017.

cancer, which is the most common of the three and often seen in men over the age of 50,2 made up 6.1% of all male cancer cases in Saudi Arabia, according to data from 2014 (the latest available),3 and it has been increasing over the last five years (see Figure 1). It presents through a number of symptoms such as a hesitancy or urgency to urinate, which can often be mistaken for age-related prostate enlargement.4

Penile cancer, which frequently manifests as a growth or sore on the penis that refuses to heal, is virtually unknown in the Kingdom; it is less common among men who are circumcised, as are the majority of men in Saudi Arabia.⁵ And testicular cancer is rarer still.

A key difference compared with the West though, explains Khalid AlOthman, urologist and uro-oncologist at the King Faisal Specialist Hospital and Research Centre, is that patients in the Kingdom are diagnosed mostly at advanced stages of prostate cancer. "It's actually a kind of silent cancer, probably only presenting when the patient is at a very advanced stage, such as through compression because of a large tumour."

The prognosis is bleak: "In a society that doesn't practice early detection and testing, the problem will only become worse."

But what is preventing early detection for these male cancers in the Kingdom? Although male fears over the loss of sexual function resulting from treatment are often cited, a lack of awareness appears to be the root cause, compounded by weaknesses in the healthcare system.



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Tackling attitudes: Ignorance is bliss?

One of the unique challenges is the importance Saudi men (perhaps not unlike men around the world) attach to both fertility and virility, which can prevent them from seeking treatment should they test positive for prostate cancer. Dr Rabah recalls patients with advanced prostate cancer who were devastated at the prospect of not being able to have more children as a result of the hormone therapy prescribed.

Amr El-Meliegy, a professor at Cairo University and a practicing andrology consultant in the Kingdom, reiterates: "Sometimes it is the extreme worry [around a diagnosis] that prevents patients from going to the doctor because they are afraid of discovering something."

But Dr AlOthman's experience has been different. "Before launching the Prostate Cancer Awareness Campaign in Riyadh in

² Cancer.net, "Prostate Cancer: Risk Factors and Prevention", https://www.cancer.net/cancer-types/prostate-cancer/risk-factors-and-prevention. Accessed 10th March 2019.

³ "Cancer Incidence Report Saudi Arabia, 2014", Kingdom of Saudi Arabia, Saudi Health Council and Saudi Cancer Registry, 2014. https://nhic.gov.sa/eServices/Documents/2014.pdf. Accessed 10th March 2019.

⁴ NHS, "Symptoms: Prostate Cancer", https://www.nhs.uk/conditions/prostate-cancer/symptoms/. Accessed 10th March 2019.

⁵ American Cancer Society, "Risk Factors for Penile Cancer", https://www.cancer.org/cancer/penile-cancer/causes-risks-prevention/risk-factors.html. Accessed 10th March 2019.

Figure 3: An overview of male cancers

Prostate cancer

Cancer in the prostate gland

Symptoms:

- needing to urinate more frequently
- needing to rush to the toilet
- straining while you urinate; weak flow
 a feeling that your bladder has not
- fully emptied
- blood in urine or blood in semen

Commonly develops in men aged 50 years and over.

Initial step:

Prostate-specific antigen (PSA) test. This is a blood test to screen for prostate cancer. There is a risk of a false-positive result, but most men are now offered an MRI scan before a biopsy to help avoid unnecessary invasive tests.

More information available here.

Testicular cancer

Cancer in the testicles

Symptoms:

- an increase in the firmness or a lump in the testicle; a feeling of heaviness
- a difference between one testicle and the other
- a dull ache or sharp pain in the testicles or scrotum, which may come and go

Commonly develops in men aged between 15 and 49 years.

Initial step:

Testicular self-examination (TSE). To perform a TSE, grasp and roll the testicle between your thumbs and forefingers, feeling for lumps, swelling, hardness or other changes.

More information available here.

Penile cancer

Cancer that occurs on the skin of the penis or within the penis

Symptoms:

- a growth or sore on the penis that doesn't heal within four weeks
- bleeding from the penis or from under the foreskin
- a foul-smelling discharge thickening of the skin of the penis or foreskin that makes it difficult to draw back the foreskin;
- a change in the colour of the skin of the penis or foreskin
- a rash on the penis

Commonly develops in men aged 50 years and over.

Initial step:

Visit a general practitioner or urologist for an examination and blood test.

More information available here.

 $Sources: National\ Health\ Service\ UK; Testicular\ Cancer\ Society; Mayo\ Clinic.$

November 2017, we were worried that people would be reluctant to come for a check-up [once they learned more about it]," he says. "But we got a lot more people than expected. The majority of people were receptive and went ahead with a check-up." Based on the interaction with men who participated in the campaign, Dr AlOthman believes that cultural issues or community pressures mattered less once men were made aware of symptoms and risk factors.

There are a few studies that reveal the low level of awareness in the Kingdom. Less than 30% of men in Saudi Arabia in one study were able to correctly indicate the appropriate age for prostate cancer testing (recommended by the American Cancer Society as 50 and over⁶). In another study, less than 20% of Saudi men surveyed were aware of testicular

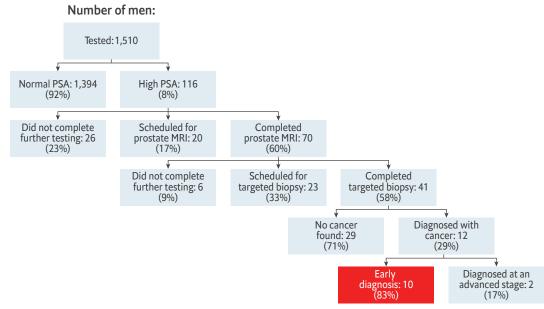
self-examination (TSE) and less than 12% had performed one.

But information is power. For men above 45 years of age, a prostate-specific antigen (PSA) test can provide valuable guidance, says Dr AlOthman. A lower result can indicate a lower likelihood of cancer in the future. "If it is abnormal, we arrange for several checkups after that," he explains. "We'd then do an MRI of the prostate and a targeted prostate biopsy."

The message the experts are trying to hammer home is that seeking health examinations is vital for identifying potential health problems early, when they are easier to treat. But first there are many faults in the information system that men have to contend with.

⁶ Ghunaim, A., Aljohani, H. and Alharbi, Y. (2018). The Extent of Knowledge and Awareness of Prostate Cancer Screening among Saudi Men Aged More than 40 Years. The Egyptian Journal of Hospital Medicine, 70(7), pp.1185-1189.

Figure 4: Results of the Prostate Cancer Awareness Campaign in Riyadh



Source: King Faisal Specialist Hospital and Research Centre.

Info wars

The internet and phone apps are the first port of call for health information for many men in the Kingdom. Doctors find that many patients come to them with information broadcast to groups on WhatsApp, says Raed Azhar, urologist and president of the Saudi Urological Association, adding, "most of the time, it is incorrect." The limited number of trusted websites in Arabic and the few YouTube videos on the subject to choose from mean that reliable information is hard to come by.

Having to sift through the web of information available online, to seek out what is most relevant to this region, further complicates the search. One example concerns overdiagnosis

resulting from screening programmes, which was an issue in the US,⁷ but one that experts say is largely absent in the region as testing is not widespread to begin with. Regional evidence is especially important for prostate cancer awareness as race is considered a significant risk factor: in the US, for instance, prostate cancer is more common among African-American men than in men of other races.⁸



Raising awareness of male cancers and facilitating detection has been further hampered by limitations in Saudi Arabia's healthcare system.

⁷ V A Moyer and US Preventive Services Task Force, "Screening for prostate cancer: U.S. Preventive Services Task Force recommendation statement", *Ann Intern Med*, 2012, https://www.ncbi.nlm.nih.gov/pubmed/22801674

⁸ American Cancer Society, "Prostate Cancer Risk Factors", https://www.cancer.org/cancer/prostate-cancer/causes-risks-prevention/risk-factors.html. Accessed 10th March 2019.

More broadly, raising awareness of male cancers and facilitating detection has been further hampered by limitations in Saudi Arabia's healthcare system. Primary care is largely underdeveloped and there is a disproportionate number of specialists. There are too few family doctors, who would typically be tasked with delivering more personal attention and raising awareness from the ground up.

The result has been that a patient visits a specialist only when symptoms are clear enough to be referred. "Currently, there is no organised system for screening [for male cancers]," says Dr Azhar. "People will come to me, not as a urologist, but for things like testing, [a primary care function]." Moreover, with the Kingdom's public hospitals being overcrowded and beset by long waits for consultation, only those with private insurance are more likely to get any kind of preventive care.

Engaging men in Saudi Arabia

It starts at home. According to a World Health Organisation review of the social determinants of health, men are less likely to visit a doctor⁹ and so women have a role to play here. They can motivate husbands and fathers to seek out healthcare treatment and have symptoms checked, largely because they are more likely to watch after their own health, says Dr Rabah.

Given that women appear to be more proactive, newer websites with information on male cancers have targeted the entire family, Dr El-Meliegy says. This is particularly important for early detection of testicular cancer, as "it is generally discovered by patients themselves and their partners," he says. He has established his own website offering lectures on preventive testing, which has 300,000 subscribers,¹⁰ as well as setting up a YouTube channel in Arabic. "More campaigns are needed around testicular cancer to teach men the importance of self-examination. It's important that every man checks his testes each month in a warm shower, and also that they notice changes and follow up."





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The proactive man: Taking charge of his health

The health ministry in Saudi Arabia has recognised the importance of strengthening the primary care sector to facilitate preventive care. They are aiming to create accountable health organisations across the country as part of an ambitious economic development plan known as Vision 2030. Under this, investment of SR23bn (US\$6.1bn) is planned for public health initiatives and improving health care delivery between 2017 and 2023.11 For preventive care around male cancers in particular, experts do not recommend mass screening programmes¹² but emphasise the need for testing guidelines for men over 45 years of age, vital guidance that is currently absent for medical professionals.

In the interim, to effectively tackle the male cancer burden, encouraging men to be proactive about testing will be key, says Dr Rabah, noting that the development of the country's primary sector is unlikely to achieve "tangible results" for at least ten years. Yet, the continued lack of trusted sources of information, as well as patient fears associated with the disease, mean that awareness levels and testing rates may continue to remain low.

There have been limited efforts to introduce public campaigns related to prostate cancer in malls and on social media, but more is needed, Dr Azhar emphasises. Learnings from programmes, such as those led by King Faisal Specialist Hospital and Research Centre, can be used to shape future programmes. Data from this campaign must be published to

⁹ P Baker et al, "The men's health gap: men must be included in the global health equity agenda", http://www.who.int/bulletin/volumes/92/8/13-132795/en/

¹⁰ http://se7atalragol.com/?page_id=537. Accessed 10th March 2019.

¹¹ See https://www.tamimi.com/law-update-articles/vision-2030-and-the-opportunities-it-represents-in-healthcare-in-saudi-arabia/. Accessed 10th March 2019.

¹² M A Arafa and D M Rabah, "With increasing trends of prostate cancer in the Saudi Arabia and Arab World: Should we start screening programs?", World journal of clinical oncology, 2017, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5740100/

provide more evidence on testing outcomes in the region, based on which doctors and patients can make informed decisions. Beyond this, it is important to explore how consumer brands can be involved in raising awareness of male cancers, the way cosmetic and other consumer brands have for breast cancer.

"My advice to men [above the age of 50] is to encourage them to get tested at least once every two to five years. Even if PSA levels are high, for instance, we now have the diagnostic tools to determine which patients will have a higher risk and thus minimise overdiagnosis."

We see young patients at an advanced stage, and that is very frustrating because it can [potentially] be diagnosed early by just doing the blood test at any point of time." But only when men are armed with more information on testing outcomes in the Kingdom, the

benefits and risks, will they be able to effectively participate in critical health decisions that will shape their future.





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