SWEDISH CANCER SOCIETY REPORT 2025

Men and cancer: a knowledge gap with serious health implications

CANCER FONDEN

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The Swedish Cancer Society Report 2025 can be read and downloaded at cancerfonden.se.

Foreword

We sometimes hear the phrase, knowledge is power. However, knowledge is also health. Most symptoms experienced by a person during their lifetime are not alarm symptoms for cancer. But through greater knowledge and awareness of the symptoms that can be alarm symptoms for cancer, combined with participation in the screening programmes that are available, we can improve the chances of detecting cancer in time. This in turn increases survival rates and allows opportunities for less invasive treatment.

This report reveals that many men lack knowledge of the alarm symptoms, particularly men from socioeconomically disadvantaged backgrounds. It is difficult to pinpoint exactly why this is. One reason may be that the information available is not reaching them. Publishing the information solely on a website doesn't appear to be enough in order to reach people. We probably need to have more proactive campaigns to reach men in familiar, everyday settings. Regions and healthcare services have a key role to play in this, but civil society also needs to be more engaged. For example, this could involve providing information about alarm symptoms and the importance of contacting healthcare services at an early stage, as well as taking part in cancer screening, via media channels that are read by men, such as in patient and pensioner organisations' member magazines and social media for unions with a high number of male members. We also believe the Public Health Agency of Sweden has an important role to play, and propose that the government task the Agency with providing information about cancer alarm symptoms, focusing in particular on men.

One of the Swedish Cancer Society's goals is for a third of all cancers to be detected at an earlier stage by 2030. We need to increase awareness of alarm symptoms if we are to achieve this goal. Particularly among men from socioeconomically disadvantaged backgrounds. The Swedish Cancer Society is therefore hoping that this report can mark the starting point for discussions on how to increase knowledge of alarm symptoms among men, and how to encourage more men to contact healthcare services at an early stage and participate in cancer screening. Because early detection saves lives.

Ulrika Årehed Kågström
Secretary-General,
Swedish Cancer Society

The Swedish Cancer Society's four goals for Sweden by 2030

30%
reduction in preventable cancers.

1/3
of all cancer detected at an earlier stage.

80%
surviving a cancer diagnosis.

100%
of people living with and after a cancer diagnosis enjoy a good quality of life.

The report is based on two documents:

- A survey of the inequalities within cancer care that is largely based on five extensive public reports, and an analysis of scientific papers. Some 36 differences within early detection have been identified in the studies that form the basis of the survey, including 16 that are clearly patient-initiated delays. These are found in four groups – socioeconomically disadvantaged men, people living alone, members of the LGBTQI+ community and people with an intellectual disability. In this report we've looked more closely at the differences affecting socioeconomically disadvantaged men in order to examine the relationship between socioeconomic factors and gender when it comes to patient-initiated delays.
- The Swedish Cancer Society has collaborated with Novus to carry out a survey of alarm symptoms and people's relationship with healthcare services. The survey included 2,173 individuals and was conducted in February 2025. The Novus survey covered some of the most common alarm symptoms. Throughout this report we will be presenting the responses for commonly experienced symptoms such as a persistent cough, lumps and skin changes, blood in stools and urine, unexplained weight loss and changes in bowel habits.

Summary

Early cancer detection offers greater opportunities for less invasive treatment options with fewer side effects, and genuinely higher chances of being cured. The Swedish Cancer Society has examined differences relating to early cancer detection, focusing on socioeconomically disadvantaged men.

The report provides details of the socioeconomic and gender differences in screening participation, the ability to identify and/or take action in the event of early symptoms, and lack of trust in healthcare treatment services.

The Swedish Cancer Society's survey reveals that cancer diagnoses are often made at a later stage for men on low incomes and with a lower educational level. Differences in the stage of tumours at the point of diagnosis are also clear when geographical areas are compared with various socioeconomic circumstances. Individuals in areas facing significant socioeconomic challenges are particularly disadvantaged. This is likely to be contributing to diagnoses being made at a more advanced stage of cancer within this group.

According to the participation data for the only national cancer screening programme that currently exists for both men and women – the colorectal cancer screening programme – fewer men appear to participate in cancer screening than women. There are also other types of screening that are not cancer related, such as abdominal aortic aneurysm screening, that indicate that men with a lower educational level and income participate less.

The survey reveals significant differences based on socioeconomic factors and gender, mainly relating to knowledge of alarm symptoms, but also linked to when and whether a person contacts healthcare services – issues that have a clear relationship with early detection of cancer.

Women's awareness of common alarm symptoms for cancer is almost double that of men's. For example, almost half of the women say that spontaneous skin changes are an alarm symptom for cancer, while not even a third of men do.

Men wait longer – and sometimes don't contact healthcare services at all – despite having symptoms. Of those men who have experienced a symptom, such as a lump, many have not contacted healthcare services. There is also a widespread pattern indicating that men are either not concerned about, or don't associate symptoms with cancer. This leads to late diagnosis, more advanced stages of illness and in the worst case, lower survival rates.

Information is not reaching men to a sufficient extent – the situation requires action from all areas of society. Digital healthcare services such as 1177 are used less by men, particularly older men. Society needs to be better at sharing information about alarm symptoms via channels where men are, such as workplaces, community organisations and trade unions. This requires collaboration between health care, government agencies and civil society.

In light of this, we can see that we need more measures to increase knowledge of alarm symptoms among men, and to encourage men to contact healthcare services more at an early stage and take part in cancer screening programmes.

The Swedish Cancer Society wants:

- the Public Health Agency of Sweden to have an expanded remit to provide information on alarm symptoms for cancer as well, focusing in particular on men;
- government involvement to be stronger to boost participation in cancer screening, and increase opportunities for equitable implementation of new recommended screening programmes;
- regions to invest in communication campaigns to reach more men via 1177 and other channels;
- regions to continue with campaigns aimed at promoting high and equitable screening participation, and
- home testing kits for cancer screening to be used to provide health information about alarm symptoms, for example.

Terminology

Alarm symptoms
Alarm symptoms are symptoms that mean a higher risk of cancer, and the individual experiencing an alarm symptom should contact healthcare services for further investigation.

Higher and lower educational levels
In this report we use the terms 'lower' and 'higher' educational levels, where lower means up to and including secondary education, and higher refers to post-secondary education.

Organised prostate cancer testing
Organised prostate cancer testing (OPT) means that some men who have reached the age of 50 are offered the opportunity to submit a blood sample, or PSA test. This can indicate whether you need to undergo further investigation to see whether you have prostate cancer. These men are given neutral information about the possible advantages and disadvantages of testing.

Patient-initiated delays
Patient-initiated delays in this report mean delays in an individual's decision to contact healthcare services.

National screening programmes for cancer
Screening involves examining a significant number of people to identify the early stages of an illness, or to detect an illness before it shows symptoms. For example, detecting various forms of cancer early on increases the chances of being able to apply the right treatment in time.

Sweden currently has three national screening programmes for cancer:

- Breast cancer screening, or mammograms, are carried out to detect breast cancer at as early a stage as possible. All women aged 40–74 are offered a mammogram at least every two years. Breast cancer screening cuts mortality rates by 25 percent. Around two out of three (65 percent) cases of breast cancer are detected via screening.
- Cervical cancer screening is carried out via an HPV test. A growing number of regions are offering women home HPV tests. In Sweden, all women (people with a female national identity number) aged between 23 and 49 are invited to cervical screening every five years, and women aged between 50 and 64 are invited every seven years. Cervical cancer screening cuts mortality rates by 35 percent. Furthermore, cervical cancer incidence has seen a 60-percent decline since screening was first introduced. If you always take up the invitation for cervical cancer screening, you reduce your risk of cervical cancer by around 90 percent.
- Colorectal cancer screening
  Everyone who is eligible for colorectal cancer screening receives a letter in the post. The letter contains a test stick and tube for the stool sample, instructions on how to take the sample and a reply envelope. It's completely free and the offer is valid for six months. All men and women in Sweden aged between 60 and 74 should be offered the chance to participate in screening for colorectal cancer every two years. Colorectal cancer screening cuts mortality rates by 15 percent. Of those who undergo a colonoscopy, roughly six percent are diagnosed with cancer. Once the screening programme is fully rolled out, an estimated 300 lives will be saved every year. However, the programme won't be fully rolled out to all regions until 2026.

Socioeconomically disadvantaged
There is no exact definition of socioeconomically disadvantaged, but criteria such as level of education, income and type of profession are often used. In this report, the term 'socioeconomically disadvantaged' will include low income and lower educational level.

Introduction

Despite the fact that Sweden has a world-class healthcare system, there are unwarranted differences, particularly when it comes to early detection of cancer.

Unwarranted differences in health care

Sweden has world-class cancer care. Cancer survival rates in Sweden have risen considerably in recent decades, and cancer is expected to have less of an impact on life expectancy in Sweden compared with the EU average.

However, Swedish cancer care faces a number of challenges. According to the Swedish Health and Medical Services Act (2017:30), the entire population of Sweden is entitled to health care on equal terms. Factors such as place of residence, gender, ethnicity, sexual orientation and socioeconomic circumstances should have no impact on the type of care or treatment a person receives.

However, several studies in the field of cancer in Sweden have indicated inequalities in terms of outcomes (e.g. survival and quality of life), care and treatment (e.g. access to new drugs), as well as in patient care. These differences emerge both between and within regions, and between different groups in society. The Swedish Cancer Society has been highlighting these inequalities for several years, often with a focus on socioeconomically disadvantaged groups and people born outside Sweden.

In this report we are focusing on differences relating to early detection of cancer. Early detection offers both greater opportunities for less invasive treatment options with fewer side effects, and genuinely higher chances of being cured. The Swedish Cancer Society has drawn up four goals for Sweden by 2030, and one of them is for a third of all cancers to be detected at an earlier stage.

The Swedish Cancer Society continues to put the spotlight on specific groups, and in this report we have analysed and compiled differences within early detection of cancer that cannot be explained by medical considerations or priorities, and that exist for specific groups in Sweden. Within this area there are differences primarily in screening participation, the ability to identify and/or take action in the event of early symptoms, and lack of trust in healthcare services. This report will focus on socioeconomically disadvantaged men; a group that, according to our information, has a low knowledge of alarm symptoms and contacts healthcare services at a late stage, therefore risking late detection of cancer.

Survey: Ability to detect symptoms and seek treatment in time

The report is based on a survey of inequalities in cancer care. The survey is largely based on five extensive public reports, and an analysis of scientific papers.

Detecting and interpreting cancer symptoms

The ability to detect and interpret cancer symptoms oneself varies between different groups and can impact the stage at which the cancer is detected. Furthermore, healthcare services are not always adapted to give all patients equal opportunities to communicate and describe their symptoms and their health status, which can lead to delays in referring patients for further assessment.

Patient care within healthcare services

Patient care experienced within healthcare services can cause delays in the process of receiving a cancer diagnosis. The likelihood of feeling heard, well informed and that you are participating in the care process varies between different social groups, and in turn impacts whether healthcare services are perceived as being a safe space to seek help. Some groups run a higher risk of being subject to generalisations or discrimination within health care, and may have previous negative experiences that affect their willingness to contact healthcare services, despite a genuine need. Patient care issues such as these can mean that people only contact healthcare services once the cancer has reached a more advanced stage.

Inequalities for particular groups

Cancer diagnoses are often made at a later stage for men on low incomes and with a lower level of education. For example, the risk of being diagnosed with colorectal cancer is 18 percent higher in this group. Differences in the stage of tumours at the point of diagnosis are also clear when geographical areas are compared with various socioeconomic circumstances. According to a report from the National Swedish Board of Health and Welfare, individuals in areas with significant socioeconomic challenges are at a particular disadvantage. For example, a six-percent higher proportion of men are diagnosed with advanced bladder cancer in areas with significant socioeconomic challenges, compared with men in areas that have socioeconomic advantages. Furthermore, men in the highest income quartile have

If the Swedish Cancer Society is to achieve one of its goals for 2030, that a third of all cancers be detected at an earlier stage, then more men need to improve their knowledge of alarm symptoms and seek treatment in time.

1.6 times higher odds of getting their prostate cancer detected at a health check-up than men in the lowest income quartile, which likely contributes to the diagnosis being made at more advanced stages of the cancer within this group.

Lower screening participation

National screening programmes play a crucial role in detecting common cancers at an early stage, but participation in these programmes varies between different groups in society. The most obvious differences in participation levels are found in breast and cervical cancer screening, but the newly-launched colorectal screening programme also runs a high risk of inequalities in terms of participation. It is the only national cancer screening programme that includes both men and women, and has yet to be completely rolled out to all regions, which makes it hard to fully analyse any gender differences in screening participation levels. However, it is possible to see that participation to date is lower among men than women; 62 percent compared with 68 percent for women. There are also other types of screening that are not cancer related that indicate that men with a lower educational level and income participate less, for example abdominal aortic aneurysm screening. We have opted here to include this screening to allow us to draw conclusions about men's participation in screening programmes. According to a report from the National Swedish Board of Health and Welfare, participation in abdominal aortic aneurysm screening, which is offered to men over the age of 65, is nine percentage points lower for men who left school at 16 compared with those with post-secondary education.

Although there isn't currently a national screening programme for prostate cancer, new research findings indicate that screening based on a PSA test combined with an MRI scan can reduce mortality rates from the illness without increasing the risk of overtreatment. Several regions have launched regional OPT in light of these findings. However, participation rates in these programmes are higher among men with a higher level of education and higher incomes. For example, a research study from Västra Götaland shows that differences in participation are clear both between different educational and income levels, with men with lower levels of education and above all low incomes being less inclined to take part. Participation varies from 20.5 percent among men on low incomes, to 43.5 percent for men with a higher level of education. Spontaneous PSA testing, which happens outside an organised screening programme, is less common among men on low incomes compared with those on high incomes.

Alarm symptoms – knowledge and behaviours

To provide source data for this report we commissioned a survey of inequalities in cancer care. Some 36 differences within early detection have been identified in the studies that form the basis of the survey, including 16 that are patient-initiated delays. These are found in various groups, including socioeconomically disadvantaged men.

To gain a clearer picture of the reasons behind patient-initiated delays, the Swedish Cancer Society worked with Novus to conduct a survey into the general public's awareness of alarm symptoms, whether they had experienced alarm symptoms and how they responded to them. In order to make it more specific, the survey is based on the following alarm symptoms: skin changes, if they felt a lump, unexplained persistent cough, changes in bowel habits and blood in the stools and blood in the urine.

The survey clearly reveals significant differences based on socioeconomic factors and gender, mainly relating to knowledge of alarm symptoms, but also linked to when and whether a person contacts healthcare services – issues that have a clear relationship with early detection of cancer.

Knowledge of alarm symptoms

One requirement for increasing incentives to contact healthcare services is to have knowledge of the alarm symptoms of cancer. The Novus survey indicates that men have less knowledge of alarm symptoms than women, and that men with a lower level of education and/or lower incomes have less knowledge of alarm symptoms than men with a higher level of education and higher incomes.

Lumps and skin changes are the alarm symptoms of cancer that most people think of. 47 percent stated lumps and 36 percent in total stated skin changes. One in five named blood in the stools or urine, while just over one in ten identified weight loss, pain or a cough.

However, there are differences between men and women. Almost half of the women were aware that skin changes can be an alarm symptom of cancer, while less than a third of the men named it as a symptom.

Almost a third responded that they did not know what warning signs might be symptoms of cancer. The figure for men was even higher, at almost 50 percent. However, this is more likely to do with the question being in free-form text and perceived as difficult to answer, than that this many people are completely unaware of any symptoms.

When instead of using the question above we help the respondents by offering examples of alarm symptoms, awareness levels are higher in all groups. We opted to put the question both with and without help in listing symptoms to get a sense of which symptoms people might be more likely to notice in their everyday lives and link to cancer. Asking a more leading question with options also in itself serves as a way of improving awareness.

When the respondents are given help with examples of symptoms, lumps and skin changes are the alarm symptoms of cancer that most people are aware of.

Women's awareness of common alarm symptoms for cancer is almost double that of men's.

Unexplained lumps/swelling and skin changes

Knowledge gap between genders and education level

Nine out of ten (91 percent) believe unexplained lumps/swelling and skin changes can be alarm symptoms of cancer.

There is a 10-percent difference here between genders when it comes to skin changes. We can also see a difference that stems from educational level and income. 88 percent of the men with a high educational level are aware, while the corresponding figure for men with a low educational level is 82 percent; a difference of six percentage points. Of the men on high incomes, awareness levels are 89 percent, while the corresponding figure for men on low incomes is 71 percent.

Weight loss

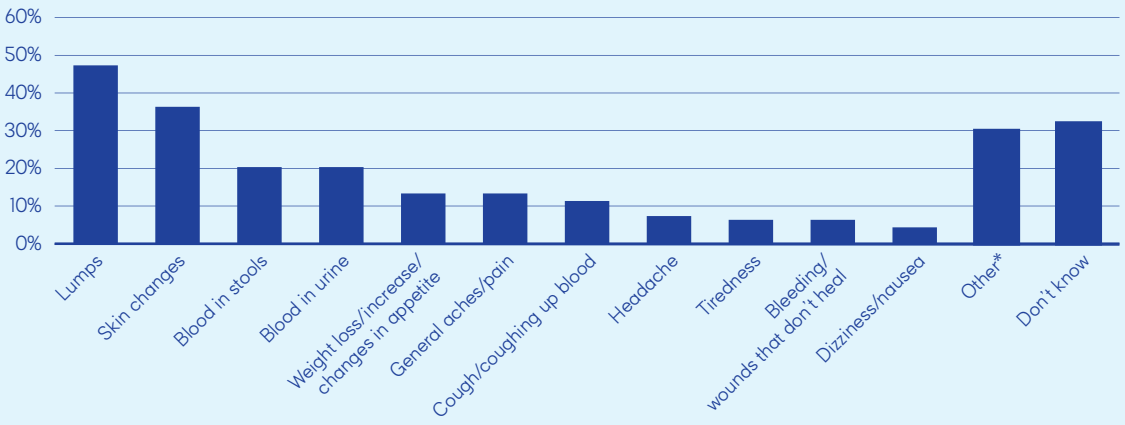
In terms of unexplained weight loss, 77 percent believe it may be an alarm symptom of cancer. Just as with lumps and skin changes, there are differences between genders and based on educational level and income. 81 percent of the men with a high educational level are aware, while the corresponding figure among men with a low educational level is 74 percent. Of the men on high incomes, awareness levels are at 75 percent, while the corresponding figure for men on low incomes is 63 percent.

Changes in bowel habits

In terms of changes in bowel habits, 68 percent believe this may be an alarm symptom of cancer. Here, too, there are significant differences between genders, as well as differences based on educational level and income.

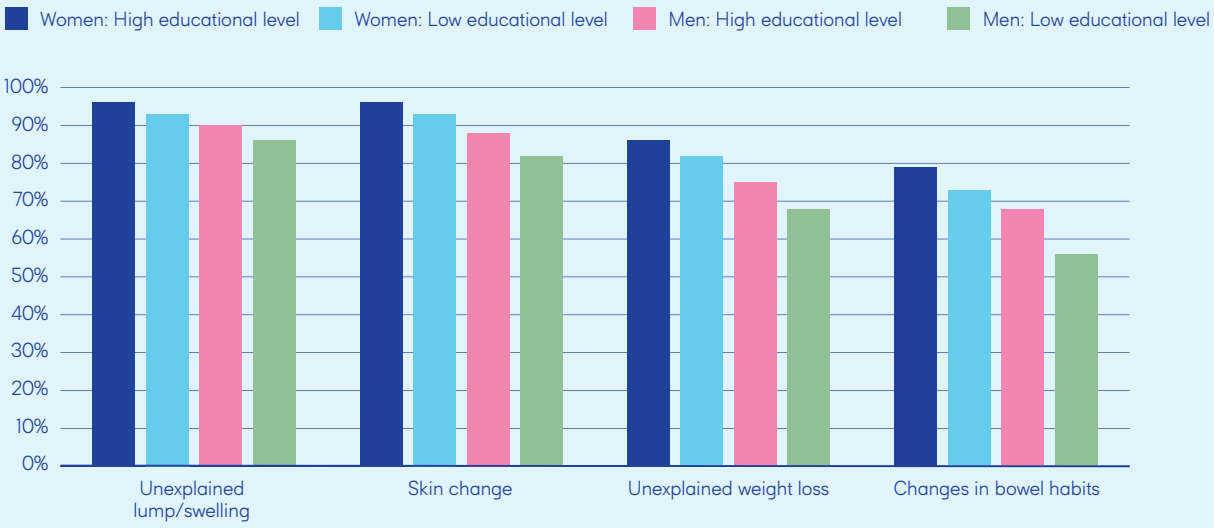
67 percent of the men with a high educational level are aware, while the corresponding figure among men with a low educational level is 56 percent; a difference of 11 percentage points. Of the men on high incomes, the awareness level is 67 percent, while the corresponding figure for men on low incomes is 42 percent, which is a significant difference of 25 percentage points.

QUESTION: What warning signs or symptoms of cancer, regardless of the type of cancer, are you aware of?
This question was put to both men and women without options to choose from. The respondents had to come up with as many symptoms as they could think of themselves.

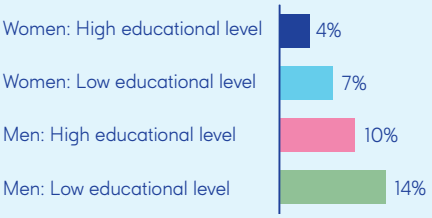


*For example: enlarged prostate, persistent fever and cell changes.

QUESTION: Which of the following, if any, do you think may be alarm symptoms of cancer?
Responses are given using predefined options. More than one option is possible.



Does not think that an unexplained lump may be a sign of cancer?
Proportion of respondents, broken down by gender and education, who did not think that an unexplained lump is a sign of cancer in a list of possible symptoms.



Lumps and skin changes are the alarm symptoms of cancer that most people are aware of.

Symptoms and contact with healthcare services

One in four respondents have at some point in the past six months experienced one of the alarm symptoms included in the Novus survey. Skin changes and unexplained, persistent cough are the most commonly experienced symptoms. Almost double the number of women had experienced skin changes, but the other symptoms are as common in both genders.

Minimal concern about alarm symptoms and low knowledge of underlying causes

Generally speaking, those who responded that they had had symptoms that could be linked to cancer are not concerned. Over half of those who had experienced skin changes or felt a lump state that they are not concerned or have very few concerns linked to the symptom. For those with a persistent unexplained cough, more than six out of ten are not concerned.

Some groups stand out. For example, twice as many with a high educational level are very concerned about a persistent cough, compared with those with a low educational level.

Many who experience alarm symptoms neither know nor believe they know what could be causing the symptom. Four out of ten with lumps or skin changes state that they do not believe they know what is causing the change, while one in five with a persistent cough have no explanation for it.

People waiting a long time before contacting healthcare services

Many are waiting for a long time before contacting healthcare services about their symptoms, and some never do. More than half have not contacted healthcare services due to a persistent, unexplained cough; 42 percent have not sought advice for skin changes and 35 percent have not done so after discovering a lump on their body. For lumps, it is also twice as common for men not to contact healthcare services. Of those men who discovered a lump, 43 percent have not contacted healthcare services due to the symptom, compared with 25 percent of the women.

And for men with blood in their stools, it is far more common for them not to seek treatment compared with women. Almost half of those who have the symptom have not yet contacted healthcare services, and one in five waited more than six months before making contact.

Time and financial circumstances are also factors, mainly for men. Even if it doesn't relate to large groups, we can see a tendency for significantly more men than women choosing not to contact healthcare services for a persistent cough because they feel they don't have time or cannot afford to seek treatment.

Educational level a factor

There are also variations among those who do seek treatment. In general, people with a high educational level contact healthcare services sooner than people with a lower level of education.

For example, just 14 percent with a lower educational level contact healthcare services within a month if they feel a lump, compared with 33 percent with a higher educational level. For both skin changes and discovery of new lumps, it is significantly more common for people with a lower educational level to state that the reason they haven't sought treatment for the symptom is lack of trust in healthcare services, compared with people with a higher educational level.

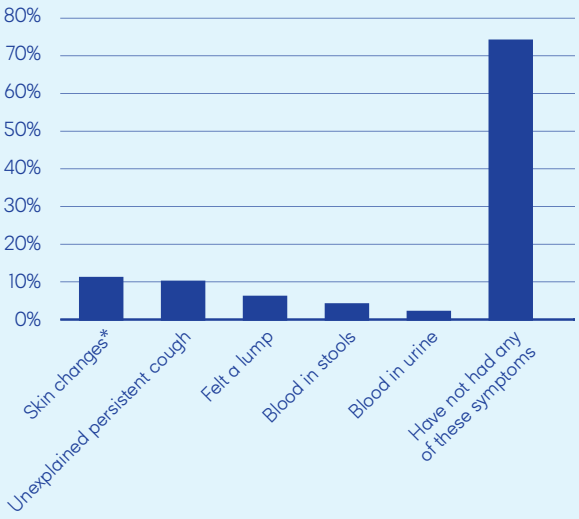
People get appointments

For more than one symptom, respondents state that they have opted not to seek treatment because they don't think they'll get an appointment at the health centre. Despite this, the responses indicate that those who have sought treatment generally get an appointment quickly, often within one week. So there seems to be a discrepancy between perceived and actual availability of appointments. This is supported by healthcare guarantee monitoring, which shows that 86 percent receive a medical assessment within three days of contacting primary care.

For both lumps or a persistent cough, roughly six out of ten get a medical appointment within one week. For skin changes it takes longer. Of everyone who sought treatment, more than 70 percent got an appointment within a month.

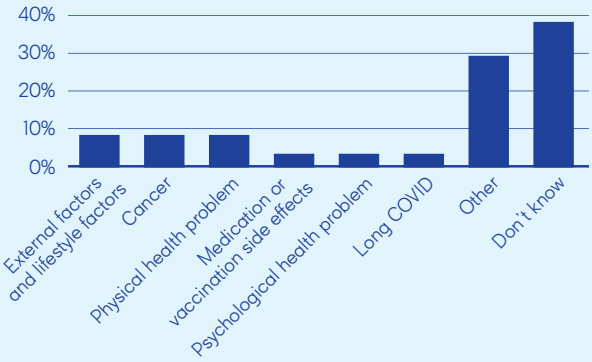
> Men wait longer – and sometimes don't contact healthcare services at all – despite having symptoms

QUESTION: Have you experienced any of the following symptoms in the past six months?



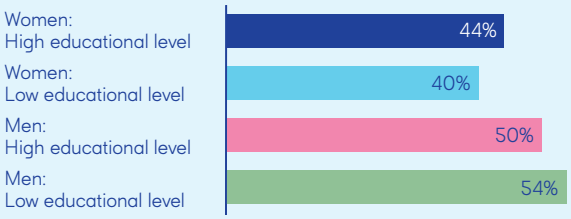
*Such as changed or new birthmarks

QUESTION: What do you think is the reason behind your lump?



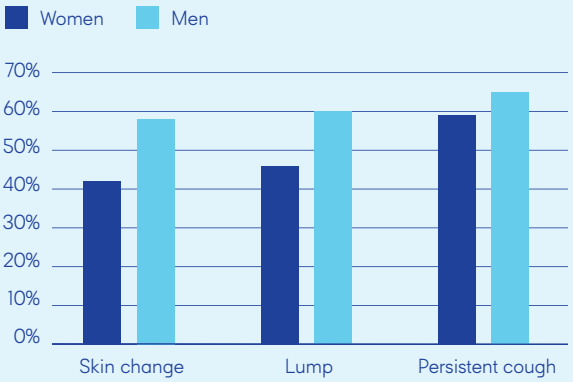
Have not contacted healthcare services for their symptoms

Proportion of people that haven't contacted healthcare services for symptoms experienced, broken down by gender and education



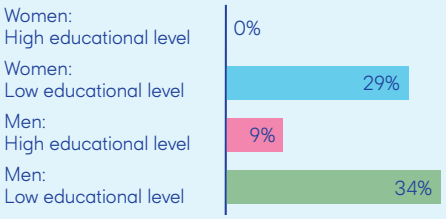
QUESTION: How concerned have you been that this symptom might be something serious?

Proportion of respondents who have not been particularly concerned about their symptom, broken down by gender.



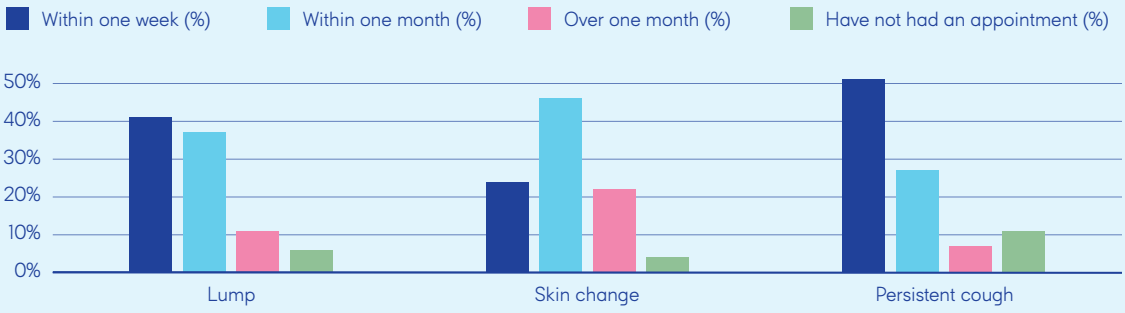
Why haven't you sought treatment for your lump?

Proportion of respondents who haven't sought treatment for their lump due to lack of trust in healthcare services, broken down by gender and education.



How long did it take after initial contact with healthcare services for you to get a medical doctor's appointment?

Waiting period from initial healthcare contact to a face-to-face or online doctor's appointment, by symptom.



What can we do?

The low level of knowledge about alarm symptoms is concerning. According to our Novus survey, this lack of awareness is significant among people in general, but it is even greater among men. And the lowest level of knowledge of alarm symptoms is among socioeconomically disadvantaged men. The fact that people aren't spending their lives worrying about cancer might seem positive, and it is definitely the case that the symptoms we've been looking at turn out not to be cancer most of the time. But it could be. We don't want to create a situation of high anxiety relating to health; instead we'd like to see a more balanced approach, with more people who have symptoms for an extended period recognising them as something that needs investigating.

On the other hand, we know that if more people recognise these signs then more would seek treatment in time and hopefully be able to detect cancer at an earlier stage. So there are significant gains to be made when it comes to less invasive treatments and improved survival rates. Knowledge of alarm symptoms and when to seek treatment for them is therefore crucial.

Responsibility for one's health is very much with the individual, who needs to monitor their wellbeing and changes in the body, and seek treatment as required. Once they are in the system, people often need to be able to keep track of medical appointments, understand the significance of examinations and be proactive.

All these elements demand a relatively high degree of health literacy, which we know can vary depending on socioeconomic factors, age and country of origin. This view is backed up by the surveys conducted by the Swedish Cancer Society in preparation for this report, and they indicate significant differences between both genders and socioeconomic groups.

More therefore needs to be done to support individuals and even out the differences. It's not currently clear where responsibility for improving health literacy lies, and one could argue that several actors both have a responsibility for improving it and would gain from a population with a higher level of health literacy. This means that the problem of improving knowledge of alarm symptoms and changing attitudes around seeking treatment risks being overlooked.

Effective cancer screening crucial

One way of ensuring that more cases of cancer are detected earlier is to promote high and equitable screening participation. These programmes have enabled us to detect some of the more common cancers at an early stage, and thus save lives. This is why screening has been particularly

The Swedish Cancer Society wants:

National

- The Public Health Agency of Sweden to have an expanded remit to provide information on alarm symptoms for cancer as well, focusing in particular on men.
- A national target to be adopted for screening programme participation.
- Government involvement to be stronger to boost participation in cancer screening, and increase opportunities for equitable implementation of new recommended screening programmes.
- The relevant agencies to be tasked with regularly following up the regional and socioeconomic differences in national screening participation levels.

Regional

- Regions to invest in communication campaigns to reach more men via 1177 and other channels.
- To continue with initiatives aimed at promoting high and equitable screening participation.
- For screening mailings to be used to share information about alarm symptoms.
- Regular analysis of groups less likely to participate.
- Focused campaigns to be carried out to boost participation in screening programmes, particularly for those groups that are currently underrepresented.
- More OPT pilot projects to be launched.

Other actors

- Civil society has an important role in accessing groups that healthcare services have struggled to reach. Health information can reach more people by society working together.

highlighted as an effective approach to early detection in Europe's Beating Cancer Plan.

Screening participation is currently unequal, both between and within regions, but also between groups. It's an issue that the Swedish Cancer Society has been monitoring for many years, and unfortunately things have come to a standstill. The Swedish Cancer Society has therefore proposed greater national accountability for screening, to enable a more coordinated effort to even out the differences.

Screening a good opportunity to share information

Screening programmes are occasions when healthcare services actively invite individuals for a check-up, providing a unique opportunity to address health issues without the person having to book an appointment. This makes screening an excellent tool for sharing knowledge. Currently the only cancer screening programme aimed at men is colorectal cancer screening, for which a testing kit is sent home to potential participants, but there's a chance here to use the mailing as an opportunity to spread information about alarm symptoms in a group where knowledge is generally low.

If OPT were to become a recommended screening programme, the Swedish Cancer Society proposes that information about alarm symptoms be immediately included in invitations to attend screening.

As previously mentioned, the Swedish Cancer Society believes that national governance of screening needs to increase. In the report *National governance for increased equality in cancer screening*, the Swedish Cancer Society has previously put forward a proposal for a national screening centre to be responsible for both invitations and information campaigns to boost screening participation. Such a centre could also be responsible for information about various alarm symptoms and how you should respond to them, as a way of ensuring that everyone has the same access to information regardless of where in Sweden they live.

1177 an important information source

1177 Vårdguiden is an important source of information, and according to the Novus survey this is the channel that most people say they use for health information.

At the same time we are seeing that a section of the population is using 1177 significantly less than others. This includes men, for example, particularly older men and people with a lower educational level, even if the reach is also high in these groups.

The regions have important work to do here. Partly by working more actively to encourage more men to use 1177 for health information, but also by adapting their information to target groups, both in terms of the message and the channel, so that more can find out about alarm symptoms and what action to take if you experience any of them.

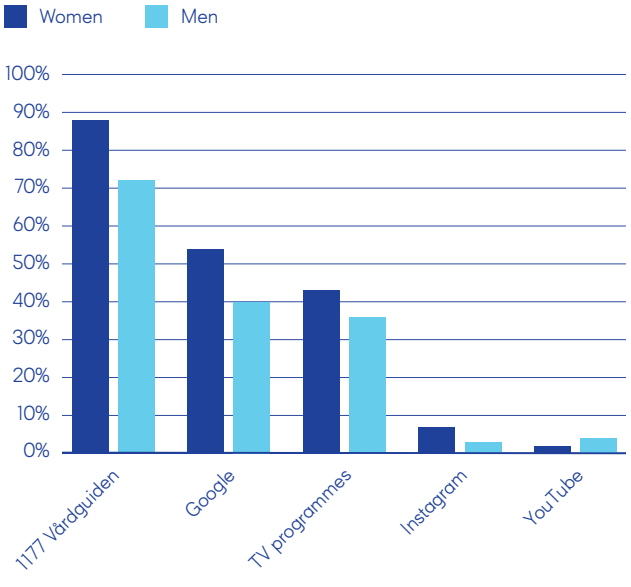
Since we know that health information is not consistently reaching audiences, more actors now need to contribute to more effective knowledge sharing. More actors can do more to spread information to the groups where knowledge of alarm symptoms and the action to take is low. We have identified a few key players below that could contribute to this work.

The Public Health Agency of Sweden should have an expanded remit to provide information on alarm symptoms for cancer as well

The Governmental commission report *Better together: Proposal for an updated national cancer strategy*, writes that the government should investigate ways in which the Public Health Agency of Sweden's responsibility and mandate linked to cancer and other non-communicable diseases can be clarified in the agency's directive. Furthermore, the report writes that the government should task the Public Health Agency of Sweden with creating a function for joint action around strategic planning, prioritisation and coordination of health-promotion and preventive initiatives related to non-communicable diseases. The report also proposes that the Public Health Agency of Sweden, along with the proposed joint action function, should be commissioned to develop an action plan setting out the key initiatives to prevent non-communicable diseases.

Although the report's proposals relate to primary prevention such as healthier lifestyles, this brief should also include secondary prevention, such as cancer screening and early detection of cancer, by informing the general public about

Where do you read general health information?
Proportion of respondents who read health information via the following channels, broken down by gender. The chart shows a selection of channels mentioned in the survey.



alarm symptoms of cancer. The Swedish Patient Safety Act (2014:821) contains provisions on the obligations of healthcare services to inform and encourage patient participation, as well as other matters affecting the patient's position. The purpose is to strengthen and clarify the patient's position, and to promote patient privacy, self determination and participation. Responsibility currently lies with the regions, but since we can see that knowledge of alarm symptoms varies between genders and socioeconomic factors, more actors need to get involved in efforts to increase knowledge in this area.

According to § 1 of regulation (2021:248) with instruction for the Public Health Agency of Sweden, the agency is the administrative authority responsible for activities relating to public health, and its remit is to promote good health and health equity throughout the population. In its activities, the agency must place particular emphasis on those groups that run the highest risk of being affected by ill health. One of the tasks of the Public Health Agency of Sweden is in particular to contribute towards removing the barriers preventing the entire population from enjoying good health. Such barriers include lack of knowledge of the signs of ill health. So effective public health work requires not only strategies to promote healthy lifestyles, but also knowledge of symptoms that can lead to a deterioration in public health. Such as alarm symptoms of cancer.

The Swedish Cancer Society therefore believes the government should task the Public Health Agency of Sweden with providing information on alarm symptoms for cancer as well, focusing in particular on men.

Civil society an untapped resource

Healthcare services are responsible for informing the general public about alarm symptoms and the importance of taking part in screening when an invitation is received. However, the Swedish Cancer Society notes that civil society is an untapped resource when it comes to reaching men with this type of information. As illustrated in this report, there are notable differences in relation to knowledge of alarm symptoms between men and women, and between individuals, depending on level of education and income. Several organisations therefore need to do more to help raise awareness in these groups. It's about reaching men in everyday, familiar settings. Community life, including sports clubs, patient and pensioner organisations and trade unions, holds a strong position in Sweden. Of the adult population (16 and over), 75 percent were members of one or more associations, and 67 percent of all employees aged 16–74 were members of a trade union in 2024. If more men are to be reached by information about alarm symptoms of cancer and the importance of taking part in screening, specific information campaigns should be both aimed at and conducted in collaboration with community organisations and trade unions. If we want to increase knowledge among men in terms of alarm symptoms for cancer, the trade unions and organisations where this group is prevalent need to get more involved. The Swedish Cancer Society is keen to work with other sectors of civil society to reach men.

How is the Swedish Cancer Society contributing?

The Swedish Cancer Society also has a part to play. The Swedish Cancer Society is engaged in efforts to ensure that as a knowledge-based organisation, we also improve at communicating health information to more people. For many years now, the Swedish Cancer Society has been striving to reach groups that are less likely to participate in screening and the HPV vaccination programme, and for which healthcare outcomes are less positive, for example socioeconomically disadvantaged women and women born abroad. These efforts have included sharing knowledge by creating and disseminating information material about Swedish healthcare services for students enrolled in Swedish for immigrants (Sfi) language courses. But also advocacy work to enable more people to have their cancer detected early, for example by producing a guide aimed at the regions to increase participation in screening and the HPV vaccination programme. The Swedish Cancer Society also runs the Cancer Support Line, which is for people affected by cancer, regardless of where they live or who they are. People can contact the Cancer Support Line anonymously, and it's free. Via the support line, qualified nurses with extensive experience in cancer care provide information, support and guidance, and answers to questions. For medical matters and for translation or interpretation of medical records, callers can be referred to their medical doctor. It has become clear during the course of our work that we also need to do more to reach men with a lower socioeconomic status, including by reviewing the spokespeople, messages and channels we use.

More areas of society need to get involved in this work. A conversation about men's health doesn't necessarily need to happen via healthcare channels. Sports clubs, voluntary organisations, pensioner organisations and male-dominated workplaces can play a key part in initiating conversations and sharing knowledge that can contribute to more cancers being detected early.

But healthcare services and authorities responsible for health information need to make a concerted effort to raise awareness among groups that currently have the lowest level of knowledge. This requires a creative approach to information sharing – and one that harnesses every opportunity to convey health information in the best possible way.

If you would like to find out more about, or get in touch with the Cancer Support Line, visit cf.se or scan the QR code.

Annex 1 References

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The Swedish Cancer Society's vision is to beat cancer. We are working to ensure that fewer people get cancer and more people survive cancer by funding cutting-edge research, spreading awareness of cancer and influencing decision-makers.

The Swedish Cancer Society is an independent, non-profit, non-subsidised organisation. Our work relies entirely on bequests and donations from individuals and companies.

We are one of the largest funders of Swedish cancer research. Since 1951, we have awarded more than SEK 17 billion to the foremost research projects in Sweden. Cancer survival has more than doubled over the same period.

Thanks to research advances, today seven out of ten people who get cancer survive. We have come a long way but we are not there yet.

#togetheragainstcancer

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