

THE BENEFIT

Housing Benefits Plan (HBP) is the medical plan provided to you by your housing authority. It is directed by housing authority Executive Directors from across Southeast and Southwest NAHRO for the benefit of housing authorities.



June 2023

Please share this with all of your HBP employees, retirees, and COBRA members. Also share with the ED, HR, and Finance.

UHC Website Tools—Celebrating Diversity

In June, we celebrate national pride month and Juneteenth. How we treat people can have a big impact on their health and well-being. Be conscientious of how you treat others that are different from you. Everyone deserves respect whether it is at home, work, school, or anywhere else. The July webinar (see article below) will provide tips on fostering an inclusive office environment.

Celebrating Juneteenth—Juneteenth is celebrated on June 19, 2023. It marks the day in 1865 when the enslaved African Americans were told they were free! The first official Juneteenth celebration took place in Galveston, TX a year later. In 2021, Juneteenth was made a federal holiday. For more information on these topics and other topics, please access June's toolkit at



<https://optumwellbeing.com/newthismonth/en-US>

Upcoming Conferences

The Marketing Team will be attending the following conferences as a vendor and would love for you to come by our booth and say “hi”.

June 26-28, 2023 SERC NAHRO Orlando, FL

June 26-30, 2023 SW NAHRO Albuquerque, NM

August 15-18, 2023 MAHRO Biloxi, MS

August 21-23, 2023 AAHRA Miramar Beach, FL

August 22-24, 2023 THA Houston, TX

August 22-24, 2023 FAHRO Orlando, FL

September 16-19, 2023 KHA (KY)/TAHRA Gatlinburg, TN

September 17-19, 2023 GAHRA (Georgia) Savannah, GA

Upcoming Webinar Trainings

Tues, June 20, 10am (EST) Topic: Business Etiquette [click to register](#)

Tues, July 18, 10am (EST) Topic: Preventing Bullying, Harassment, & Discrimination [click to register](#)

Find previous webinar recordings at <https://www.housingbp.com/links-2>

Iatrogenic Infertility Coverage Available

Benefits are available for fertility preservation for medical reasons that cause irreversible infertility due to cancer. Benefits include the following:

- Collection and cryo-preservation of sperm
- Ovarian stimulation, retrieval of eggs and fertilization
- Oocyte and embryo cryo-preservation
- Medications related to the treatment of fertility preservation
- Specimen storage up to one year

Embryo transfer and implantation (invitro) are not covered.

June's Health Tips

June is Men's Health and Safety Awareness Month. Men are at a greater risk for heart disease, stroke, depression, lung, prostate, and testicular cancer. We encourage you this summer to get necessary screening for preventive care. See attached flyers for more information.

The Rally Mission of the Month is Work Your Core. Core muscles help with balance, movement, and posture. A strong core gives you power and stability, and can help reduce back pain. Rally is available at no additional cost to members as part of their medical benefits with UHC.



Live Enrollment Briefing by Marketing

Weds, July 19, 10am (CST)

Enrollment Meeting [click to register](#)

We will be going over the benefits for each of the HBP plans. This session is ideal for 2023 new hires who want to better understand the coverages offered by their HA, whether they are newly enrolled or soon to be eligible for enrollment. There will be a separate live session for annual open enrollment in the fall.

Insider Tips

Do you have an insurance tip that has made life easier? Or a favorite HBP coverage benefit that you think others should take advantage of?

(Ex: Rally Rewards) If so, please send it to hbp@callhsa.com so we can share it in future newsletters.

The HBP website at www.housingbp.com provides more information and helpful links.

Questions or comments? Email us at hbp@callhsa.com or call 1-800-288-7623, option 5.

Choosing respect

Most of us want to feel respected, valued and welcomed at home, in our community and at work. But how much effort do we each put into making others feel those things? Beyond how they feel, the way we treat people can have a big impact on their health and well-being.

Each of us can choose to help make a positive difference. Here are some ways to do just that.

Get to know yourself

One of the best ways we can help people feel included is to be self-aware. When we begin to understand who we are and why we are this way or that way, it can help us identify how we may or may not be helping create an environment where others feel safe and welcome.

Our brains create categories to make sense of the world. But the values we place on different categories are learned — and can be unlearned with self-awareness and continued effort. So, it's helpful to understand your own biases. For example, ask yourself if you:

- ◆ Prefer those most like you?
- ◆ Favor information that supports your opinions and existing beliefs?
- ◆ Hold and/or act on assumptions based only on appearances and first impressions?
- ◆ Gravitate toward things and ideas you already know you like and are interested in?

These are all indicators of potential biases. Self-examine how these might show up in your day-to-day interactions with others and how you can help yourself correct course.

Understand the impact

For an individual, being discriminated against and excluded can lead to depression, anxiety, chronic stress, post-traumatic stress syndrome (PTSD), high-blood pressure, substance use, among other mental and physical health conditions.

While a single person (usually) cannot change the world, we can each help make a positive difference in another person's day-to-day life, including by helping them feel seen and welcomed. It can be as simple as greeting a passerby, sitting next to a coworker you don't know at a team meeting, or making sure to introduce yourself to a new neighbor. There are countless ways.

Think about what you're really saying

Whether or not we mean to, sometimes the words we use demean another person by suggesting they don't belong or invalidating their experiences. These "microaggressions" can be verbal, nonverbal, or environmental slights, snubs or insults. So, it's best to think before you speak, and think about what it is you're about to say from the other person's point of view.

Even with the best intentions, we sometimes make mistakes or accidentally hurt another person's feelings. If you do, apologize. Everyone makes mistakes — the important part is learning from them and committing to doing better.

See the person

Everyone is unique. Just because people share a background, race, gender, sexuality, etc., does not make them the same. Indeed, even if someone shares your background, grew up in the same town, went to the same school, is the same gender, works in the same field, has the same values, looks like you, talks like you and acts like you, etc., they are still different from you.

Be an ally – and an advocate

Hold yourself and others accountable for creating a welcoming environment. If you overhear or see something that could threaten another person's sense of safety or acceptance, address it in a polite but firm manner. Likewise, if you overhear someone display a microaggression, help them learn from it by gently correcting them and explaining what transpired.

Mind the treatment gaps

We're often told to treat others as we would like to be treated. Sure, this makes a lot of sense — most people want to be treated with kindness and care and to feel included. Yet, there are considerable differences in how we as individuals want to be treated and what makes us comfortable. An easy example is the different ways people greet each other — including in the same family — a word (hello!), bow, nod, handshake, hug, kiss, something else?

Before you say, do or assume something, remind yourself to keep an open mind about the various possibilities, perspectives, and preferences of individuals, and to respect personal boundaries. In other words, think first to treat people as they prefer to be treated. And if you don't know, ask.

It's OK to disagree

Finding mutual understanding and respect doesn't mean you have to agree with everything another person says or does — or vice versa. Supporting diversity in and of itself means appreciating and making room for people the fact that people have different ways of seeing and living in the world. Do your best to listen respectfully and invite open conversation. Depending on the situation and circumstance, that may include taking constructive feedback into consideration. We can only improve and grow if we are willing to.

Seek new perspectives

Something might seem completely foreign to you until you try it. Take advantage of opportunities to broaden your own perspectives and gain experiences. Start conversations, read books, watch movies, visit museums, try new foods and travel to get out of your comfort zone, make new connections and see the world through other people's eyes.

Chances are, the more you learn about all the cultures, flavors, and regions of the world, the more you'll learn to see the similarities and appreciate the differences — including your own.

Celebrating Juneteenth: Tips for being an ally



You may have heard of Juneteenth and wondered what it's all about. Juneteenth is celebrated on June 19. It marks the day in 1865 when Northern troops arrived in Galveston, Texas, and told enslaved African Americans that they were free. More than two years before, Abraham Lincoln had signed the Emancipation Proclamation ending slavery. But the news had been withheld by slave owners who wanted it to continue.¹

The first official Juneteenth celebration took place in Galveston a year later. It has since grown into a celebration throughout the country, commemorating when all African Americans across the U.S. had learned of their freedom.²

Does Juneteenth bring up negative (or confusing) emotions?

Remember that support is available 24/7. Reach out to your employee assistance program (EAP) anytime to connect with someone who can listen. If needed, they can connect you with a therapist.



Many African American communities have Juneteenth celebrations. So see what's available near you and consider joining in. If you're not part of the African American community, keep these tips in mind. They can help make sure you're balancing the fun of the moment with thoughtfulness.

Learn. Enjoy the celebrations. But use them as inspiration to educate yourself too. Learn about African American achievements, leaders and creators. And don't shy away from learning about the history of racism in this country – from enslavement to the Jim Crow era to modern day. Systemic racism didn't end with the civil rights era.

Listen. If you want to help, make listening your top priority. What are people who have experienced racism saying? And how do they want allies to support them? Look for ways to help. Don't try to take charge and solve problems.

Discover. Don't stop with Juneteenth. Continue to celebrate African American culture all year long. Attend community events. Try new restaurants. Support African American-owned businesses. Check out art exhibits. Get outside your comfort zone and see the beauty and diversity that exists around you.

Challenge. Take an honest look at the ways you may be enabling racism to persist. Understand microaggressions and how to avoid making them. Do you harbor underlying stereotypes? Do you let racist comments go unchecked?

1. National Park Service. Juneteenth: A celebration of freedom. nps.gov/articles/juneteenth-origins.htm. Last updated June 17, 2020. Accessed May 17, 2021.

2. Britannica. Juneteenth. [britannica.com/topic/Juneteenth](https://www.britannica.com/topic/Juneteenth). Last updated May 25, 2021. Accessed May 28, 2021.

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Men's preventive health tips

Many men may fall into the stereotype of putting other things ahead of taking care of themselves, whether that's work or hobbies or other interests. In the busy rhythm of everyday life, it may be easy to overlook things like scheduling a yearly physical exam. If that sounds like you or someone you know, here are some tips that may help you put your health on the top of your list. After all, keeping your body healthy may just take some simple steps — some good lifestyle habits, regular checkups and self-care can go a long way. Take a look below to test your knowledge and hopefully you may walk away with tips on how to take care of your health.

Top health conditions and biggest risk factors for men

Generally speaking, men are at a greater risk for a handful of health conditions. Heart disease, stroke, depression, lung cancer and prostate cancer are at the top the list. Knowing the risk factors of each of these conditions can help you understand your overall risk — and maybe encourage some lifestyle changes or a visit to your doctor.

Heart disease

Did you know heart disease is the leading cause of death for men in the United States? That includes any condition that affects the heart or its valves. The most common is coronary heart disease, which is when a blockage forms in your arteries that prevents your heart from getting enough oxygen. Risk factors for heart disease include:

- Older age
- Family history
- Smoking
- High cholesterol
- High blood pressure
- Obesity and diabetes

Stroke

Stroke and heart disease share a lot of the same risk factors, especially high blood pressure. A stroke happens when your brain doesn't get enough oxygen. This can happen when there's a blockage in your arteries, or a blood vessel leaks or breaks. Risk factors for stroke include:

- Older age
- Race (black men have a higher risk)
- Smoking and secondhand smoke
- Heart disease
- High cholesterol
- High blood pressure
- Obesity and diabetes

- Physical inactivity

Depression

As much as we're working toward ending the stigma around depression, some people may still think they need to keep their struggle quiet. This might be especially true for men, who could feel the pressure or expectation to hide their depression. It's important to know the [signs of depression](#) so you can learn to notice them in yourself or a loved one. Risk factors for depression include:

- Family history
- Environmental stress (things like financial problems, loss of a loved one or major life change)
- Existing illness (depression can happen along with other serious illnesses, like cancer or Parkinson's)

Lung cancer

Lung cancer takes more lives than any other cancer — more than prostate, colon and breast cancer combined. The good news is that many of the risk factors are things you can control. Risk factors for lung cancer include:

- Smoking
- Exposure to secondhand smoke
- Exposure to harmful chemicals or toxins (like asbestos or radon)
- Air pollution

Prostate cancer

Did you know prostate cancer is the most common cancer found in men? Unfortunately, many risk factors for prostate cancer are out of your control, but it's still important to be aware of them. Risk factors for prostate cancer include:

- Older age
- Family history
- Race (black men have a higher risk)
- High-fat diet (lots of red meat and fatty dairy products)
- Obesity

Regular checkups

It's no surprise that regular visits to your doctor are part of any good preventive health routine. Yearly physical exams are when your doctor checks for many of the risk factors listed above. Or, even the conditions themselves. Preventive screenings for different kinds of cancer may be lifesaving. Talk with your doctor about what they recommend based on your health and family history. Here are a couple of common things your doctor may screen or test for during your visit:

- **Cholesterol:** Cholesterol is a waxy substance that can clog your arteries if your body has too much. This may lead to heart disease, heart attack or stroke.
- **Blood pressure:** Having high blood pressure means your blood is pumping against your arteries at a high enough force to cause damage. The more blood your heart pumps and the narrower your arteries, the higher your blood pressure. This may put you at risk for heart disease, heart attack or stroke. A normal blood pressure level is below 120/80 mmHg.

Your yearly physical is also the time to mention any other health concerns or symptoms you're having — mental or physical. Your doctor is there to help you along your health journey, so be open about your concerns and questions. The important thing is to have an honest conversation about your health so you can live your best life.

[Find a doctor](#)

Good food and regular exercise

Food is delicious. It's also a powerful defense against all sorts of ailments and chronic diseases, including some of the health conditions mentioned earlier. When we eat the right foods, we're helping our bodies function at their best while reducing our chances of certain diagnoses. And, combining that with regular exercise can set you up for health success (and perhaps fewer trips to the doctor). So, is there a secret diet or special activity you should know about? While that sounds easier, there actually isn't one. But in some ways, that's the beauty. We all have different **nutrient needs** and enjoy different ways to move our body. When it comes to diet and exercise, you get to pick which healthy foods and exercise you enjoy most.

Good food

Some men might benefit from certain foods that could help protect against those common health conditions. There are lots of ways to approach food. Here are some ideas:

- **Heart health:** A heart-healthy diet focuses on limiting unhealthy fats that could turn into plaque and clog your arteries, as well as reducing sodium that can cause high blood pressure.
- **Mediterranean diet:** The **Mediterranean diet** can help with conditions like diabetes, heart disease, high cholesterol and even neurological disease. It focuses on plant foods, olive oil, fish, poultry, beans and grains.
- **Mental health:** Food can even affect our mood. For example, added sugar can cause weight gain, an unbalanced gut, brain fog and inflammation.
- **Prostate protection:** Help your body **fend off prostate issues** [🔗](#) by eating things like cruciferous veggies, berries, fish, cooked tomatoes, and coffee or tea.

Regular exercise

Exercise is such an **important part of staying healthy**. But what does "regular exercise" really mean? A good target each week is anywhere between 2.5 and 5 hours of moderate-intensity **aerobic physical activity** — split up however you like. Plus, at least 2 days of full-body strength training. For example, you could do an aerobic activity for 45 minutes each day and add on your strength training Monday, Wednesday and Friday. It's all about finding a good routine that works for your body and lifestyle. And, one that gives you a good, well-rounded workout.

Not sure where to start? There are lots of resources out there — everything from fitness magazines, workout DVDs, fitness apps and group fitness classes. Try a few different things to see what you like most. Working out should be enjoyable, so give your body time to find its groove.

Heart disease in men



Men develop heart disease 10 years earlier (on average) than women.¹ Men also show some of the more common signs of heart attack and stroke compared to women — which could make them easier to spot. However, heart disease is still the leading cause of death among men in the U.S.²

What are the signs of heart attack and stroke in men?

Knowing the signs of a heart attack and stroke in men could save your life or someone else's. That's why it's so important to be aware and take action to get help if you notice these signals.

When in doubt, get checked out. If you have questions or concerns do not hesitate to contact your doctor or to seek medical attention.



Signs of a heart attack in men

Did you know there are more signs of a heart attack than just chest pain? In fact, some heart attacks can happen without chest pain. It's important to know all the warning signs of a possible heart attack so you can get the proper treatment right away. If a heart attack happens and goes untreated, it damages your heart. Signs of a heart attack that are most common in men include:³

- Chest pain, discomfort or pressure (most common)
- Pain in other parts of your body, like stomach, one arm, back, neck, jaw or teeth

- Shortness of breath
- Coughing or wheezing
- Unusual anxiety, weakness or fatigue



Signs of a stroke in men

A stroke happens when your brain doesn't get enough oxygen (blood). This can happen because of blocked arteries or when a blood vessel bursts and causes bleeding in your brain. Depending on where the stroke happens in your brain, how long it lasts and how severe it is, symptoms will likely vary.⁴ However, there are a handful of common signs of stroke in men. They include:⁴

- Numbness or weakness in your face, arm or leg (especially on only one side of your body)
- Loss of vision or dimming vision in one or both eyes
- Trouble speaking
- Confusion or trouble understanding
- Trouble walking or loss of balance and coordination

Am I at risk for heart disease?

The general risk factors for heart disease, like high cholesterol, high **blood pressure** and obesity are true for both men and women. But there are many other factors that put adult men of all ages at a higher risk for developing heart disease. This might look like a long list, but these are all important factors to be aware of — and change, if you can.⁵

- **Age:** As you get older, you're at a greater risk of having damaged arteries and a weakened heart muscle.
- **Gender:** Men usually have a higher risk of developing heart disease.
- **Family history:** If heart disease runs in your immediate family, you're at a greater risk.
- **Chemotherapy and radiation:** Certain chemo and radiation treatments could increase your chances.
- **Smoking:** Did you know nicotine constricts your blood vessels? Or that carbon monoxide in cigarettes can damage their lining? Smokers have a much higher chance of developing heart disease. Overall, smokers are 5 times more likely to develop heart disease compared to nonsmokers.⁶
- **High blood pressure:** Having high blood pressure means your blood has to pump against more resistance and over time may weaken the muscle of the heart and thicken and narrow

the arteries of different organs of the body. Fortunately, it can be spotted and treated with lifestyle changes and sometimes with the addition of medications.⁷

- **High cholesterol:** This can lead to a buildup of plaque in your arteries. Cholesterol is a waxy substance and can clog them if your body has too much.
- **Poor diet:** Things like sugar and fat may contribute to the formation of plaque inside the arteries. So, if your diet is high in those things, you're at a greater risk for developing a heart condition.
- **Diabetes and obesity:** Heart disease has been shown to be more common among people with either one of these conditions.
- **Physical inactivity:** **Exercise** helps strengthen your heart. If you're not getting enough, it could put your heart at risk.
- **Stress:** **Stress** often makes other risk factors worse — plus, it can actually damage your arteries. People with **depression** have worse heart disease outcomes.
- **Erectile dysfunction:** If your blood isn't flowing the way it should, you may struggle with erectile dysfunction, which could be an early warning sign of heart disease.⁸

Can I prevent heart disease?

Heart disease is considered a lifestyle disease. That means it's mainly caused from (and prevented with) lifestyle changes. Committing to a heart-healthy **lifestyle could save your life** [🔗](#).

[Learn more about heart disease](#) →

How is heart disease treated?

The treatment for heart disease depends on which kind of condition you have. The three main options are often lifestyle changes, medicine or procedures. With heart disease, making changes to your lifestyle may be your best treatment. You have the power to form healthy habits that can help keep that heart of yours in good shape.⁹

Who can I see if I'm concerned about heart disease?

If you're experiencing any symptoms of heart disease, visit your primary care provider (the doctor or provider you might see for your yearly physical). They will listen to your heart, check your blood pressure, and talk through your health history and risk factors. You may even get a blood test. Depending how all of that goes, you might be referred to a cardiologist (heart specialist). Be sure to bring a list of your symptoms, family history and any medicines you're taking.¹⁰

Prostate cancer

Did you know prostate cancer is the second most common cancer among men in America? It affects about 1 in 9 men. So, using an everyday example, you could think about it like this: during a baseball game, any 1 of the 9 in the field might be diagnosed with prostate cancer. Most often, that won't happen until they're quite a bit older — it's most commonly diagnosed in men who are in their 60s.

The prostate is a small, walnut-shaped gland in the male reproductive system that makes fluid to support sperm. And, just like you grow with age, your prostate can grow with you. So, an enlarged prostate is often normal and called benign prostatic hyperplasia. It's not time to worry until the cells in the prostate gland grow out of control and turn into cancer. If that happens, the first step is determining which type of prostate cancer is there.

What are the types of prostate cancer?

Many cases of prostate cancer grow slowly and stay in the prostate. Sometimes men live without ever knowing they have it. Other times it may be more aggressive and may spread to the organs, lymph system or bones. The most common type (almost all cases) is called an adenocarcinoma. These cancerous tumors start in the gland cells that make fluid. (And actually, an adenocarcinoma can happen in any organ with cells that produce mucus, like the breast, lung and colon).

Other kinds of prostate cancers exist, but are considered more rare. They include: small cell carcinomas, neuroendocrine tumors, transitional cell carcinomas and sarcomas.

How is prostate cancer diagnosed?

Early detection is really important. If you believe you are at average risk (meaning you don't have any of the risk factors listed below), you might want to consider asking your doctor about getting routine screenings for prostate cancer once you turn 50.

How does the exam work? Your doctor may perform a digital rectal exam (DRE) during your yearly physical. He or she places a gloved finger in your rectum to feel for any irregularities in prostate size and shape. Don't worry — it's often a quick test.

The second test is called the prostate-specific antigen (PSA) blood test. This can be ordered with other lab work you may likely have done during your physical, so there may not be any extra work for you to do — but be sure to consult your doctor to confirm. PSA is a protein found in the prostate and the level of that protein may help indicate if there's cancer. The higher the number, the more likely there may be cancer.

If you're close to 50 years old, have a conversation with your doctor about when you should start getting your prostate cancer screenings.

What are the signs and symptoms of prostate cancer?

Usually, most early prostate cancers don't cause symptoms and may be found through screening. Advanced cancers might cause symptoms, like:

- Frequent, urgent or painful urination
- Loss of bladder or bowel control
- Blood in urine or semen
- Trouble getting an erection
- Painful ejaculation
- Pain in the rectum
- Hip, back or chest pain if cancer has spread to the bones

Keep in mind, many things in this list may also likely be caused by something else, like that [benign prostatic hyperplasia](#) we mentioned. Nonetheless, if you believe you may have any of these symptoms, see your doctor right away.

Am I at risk for prostate cancer?

The majority of risk factors for getting prostate cancer may be beyond your control, but it's good to be aware of them. Things like:

- **Older age:** Your risk may increase as you get older, with diagnosis most common after 50.
- **Race:** Black men have a greater risk of prostate cancer — it's also more likely to be aggressive.
- **Family history:** If you have a relative who has been diagnosed or you have the gene associated with a greater chance for getting breast cancer, you may be at higher risk.
- **Diet:** Eating lots of dairy may increase your risk because of its natural growth hormone, called the insulin-like growth factor.
- **Obesity:** Being obese may put you at risk for aggressive prostate cancer and increase the chance of it coming back after treatment. Here are [tips on how physical activity may help](#).

How is prostate cancer treated?

The cancer's type, [stage and grade](#) may determine which treatment option is best. Have a conversation with your doctor and care team, ask questions and consider doing your own research to weigh pros and cons before coming up to bat on your treatment journey. Here's a list

of possible prostate cancer treatments, with the first three being most common: Again, talk to your doctor about these possible treatment options:

- **Active surveillance:** It's possible you may simply keep a close eye on your prostate cancer with regular PSA tests, DREs and prostate biopsies — and only treating if the tumor grows or causes symptoms.
- **Surgery:** To fight aggressive cancers, removing the prostate may be the best option.
- **Radiation:** Radiation may be used to kill the cancer cells.
- **Cryotherapy:** Have you ever had a wart frozen off? Similar idea here.
- **Chemotherapy:** Chemo medicines may be used to shrink or kill the cancer.
- **Biological therapy:** Also known as **immunotherapy**, this approach works a little like a vaccine — but for prostate cancer. It may help your body recognize and fight off cancer cells.
- **High-intensity focused ultrasound:** This uses ultrasound waves to help kill the cancer.
- **Hormone therapy:** This helps blocks the cancer from getting hormones needed to grow.

Who should I see if I'm concerned about prostate cancer?

Think you may have symptoms of prostate cancer? Schedule a visit with your primary provider (the doctor or provider you might see for your yearly physical). If they feel something suspicious during that exam or sees a high PSA level on your latest test, you may get some diagnostics done (like an ultrasound, MRI or biopsy) to learn more. If it turns out you have prostate cancer, your doctor may refer you to a urologist or oncologist to discuss treatment options.

[Find a doctor](#)

Testicular cancer

Testicular cancer might sound like a sensitive topic – and not necessarily an easy one to talk about. But there are some facts that might be helpful to know. First, it's actually quite rare and treatable, according to cancer.org. In fact, a man's lifetime risk of dying from testicular cancer is about 1 in 5,000. You may have a better shot at catching a foul ball at a Major League Baseball game. These odds don't mean you shouldn't take this seriously. Knowing the signs of testicular cancer, and when to see a doctor can increase your chances for a successful treatment.

Testicular cancer starts in the testes, which is part of the male reproductive system. In an adult male, each testis is usually a little smaller than a golf ball. They sit nestled inside a protective sac of skin called the scrotum. Their main functions are to make hormones (like testosterone) and sperm. There are different types of cells that make up the testes, and any one of those cells could potentially develop cancer. If that happens, the first step is knowing which type (or types) of testicular cancer is there.

What are the types of testicular cancer?

There are a few different kinds of testicular cancer, and more than one can pop up at the same time. To keep things simpler, let's review the two main categories of testicular cancer – germ cell tumors and stromal tumors. If you're interested in taking a closer look, you can take a look at [more information on subtypes](#) [↗](#). A germ cell tumor starts in the cells that make sperm and can be classified as a seminoma or non-seminoma. Here's what we mean:

- ♦ **Seminoma:** This is the most common kind. Seminomas grow slowly and may be effectively treated with surgery, chemotherapy and radiation. Sometimes, active surveillance (keeping a close eye on it) is used for low-stage, or less aggressive, seminomas.
- ♦ **Non-seminoma:** This kind of germ cell tumor may grow more quickly and may be less responsive to treatment.

There's another type of tumor called a stromal tumor. These are rarer, making up less than 5% of cases. They start in the supportive and hormone-producing tissue, or stroma. These tumors are typically either noncancerous or, if cancerous, may be cured with surgery.

How is testicular cancer diagnosed?

Sometimes, men find a lump through self-exams or by unintentionally noticing something abnormal. Otherwise, lumps may be found during an annual physical when your doctor does a regular check. But, just because there's a lump may not mean it's cancer. Your doctor may recommend a testicular ultrasound or blood tests (these check for tumor markers). If the results hint at the possibility of cancer, the testicle may need to be surgically removed to make the final diagnosis.

What are the signs and symptoms of testicular cancer?

The signs of testicular cancer are pretty straightforward. While most lumps are likely caused by something other than cancer, it's always best to be aware and check in if there's anything new. Things like:

- ♦ Lump(s) in either testicle (most common and usually hard, but painless)
- ♦ Swollen testicle
- ♦ Dull ache in the groin
- ♦ Heaviness, pain or discomfort in the scrotum
- ♦ Sudden collection of fluid in the scrotum
- ♦ Enlarged or tender breasts (rare)

If you have any of these symptoms listed and they last for more than two weeks, visit your doctor.

Am I at risk for testicular cancer?

The causes of testicular cancer are unknown. It seems to be a mystery what makes those germ cells (the most common place where tumors grow) become abnormal. There's still quite a bit of research going on. However, some known risk factors include:

- ♦ **An undescended testicle:** This is when one or both testes don't make it down from the abdomen (where they develop) into the scrotum. It happens in just 3% of boys, but it greatly increases the chance of getting testicular cancer.
- ♦ **Family history:** If your dad or brother have been diagnosed, your chances increase — but not by much.
- ♦ **Age:** Around half of cases happen in men between 20 and 34. But men all ages can be diagnosed, from infants to seniors.
- ♦ **Race:** White men are more likely to get testicular cancer.

How is testicular cancer treated?

Testicular cancer can be treated in a few ways, and the best option may depend on its type and severity. Talk with your provider about your specific situation. Here's the breakdown of what you might expect:

- ♦ **Surgery:** Usually, surgery may be all that's needed to get rid of the cancer. The testis is removed and might be replaced with a prosthetic. Your urologist might also want to take out nearby lymph nodes to prevent cancer from using those nodes as a highway to maybe spread to other parts of your body. After surgery, you'll likely have ongoing follow-up visits with your doctor to make sure the cancer hasn't returned.
- ♦ **Radiation:** This is often used for men who may have seminomas or as an added treatment after surgery. Radiation is typically used to kill cancer cells that may have

spread to the lymph nodes.

- ♦ **Chemotherapy:** These medicines work to kill any cancer cells that may have traveled outside the testicle. It also helps reduce the risk of the cancer coming back. Chemo may be used on its own or in addition to surgery.

Talk with your doctor about your options and weigh the pros and cons. You'll want to understand the potential side effects, effectiveness and recovery time of each treatment.

How can I get checked for testicular cancer?

If you think you may have symptoms of testicular cancer, schedule a visit with your primary provider (the doctor or provider you might see for your yearly exam). Your doctor may likely check for lumps at your annual physical. (You should check yourself regularly as well.) If there's a lump that needs attention, you may end up having an ultrasound or blood test to help identify what it might be. Depending on those results, you may be referred to a specialist, like a urologist or oncologist.

Find a doctor