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Encouraging male participation in cancer resource centers

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Abstract

This research investigates reasons why male cancer patients may refrain from patronizing cancer resource centers. By drawing upon a wide range of research from the social sciences and visual design literatures, the authors put forth original propositions that suggest how cancer resource center managers can manipulate a center's servicescape, or built environment, as well as its service offerings, website design, and printed communications to attract more male cancer patients. Despite the inherent challenges of discussing gender in cancer care and limitations to its generalizability in all settings, this research reveals that differences exist regarding the way men and women respond to cancer resource center marketing initiatives. Given the profound benefits that cancer resource centers often assume in a cancer patient's life, including a decreased mortality rate, we encourage service marketing and public health researchers, as well as cancer resource center directors, to consider the propositions put forth in this paper.

Keywords: cancer resource centers, cancer care, transformative service research, cancer services, third places

1. Introduction

Researchers of oncology, service research, and public health have all investigated the profound role that cancer resource centers often play in the lives and personal experiences of people living with cancer, as well as survivors, their family, and caregivers (Bruera & Hui, 2012; Rosenbaum & Smallwood, 2013; Glover & Parry, 2009). A cancer resource center is typically a non-profit establishment that is designed in a manner that resembles a home-like setting, such as suburban Chicago-based LivingWell Cancer Resource Center or the international Gilda's Club (LivingWell; Glover & Parry, 2009). Further, a cancer center's physical environment, or so-called servicescape encourages cancer patients, and others affected by cancer, to perceive the center as a home-away-from-home (Bitner, 1992; Rosenbaum, Smallwood, & Sweeney, 2011). The reason for this common setting is two-fold. First, a cancer patient's home often becomes an ersatz hospital; thus, many cancer patients perceive a cancer center's homey exterior and interior design as welcoming and a source of comfort (Williams, 2002). Second, Edvardson, Sandman, & Rasmussen, (2006) describe the "world of cancer" as being the reverse of welcomeness; with long hospital corridors, bare waiting areas, and radiation equipment in basement rooms; all of which signal an unappealing, demoralising, and stigmatising environment. Thus, cancer patients often respond favorably to receiving non-medical cancer services in a relaxing, home-away-from-home setting.

Within a cancer center's home-like setting, members tend to socialise with other members who have personal experience with the similar type or stage of cancer, as well as with a center's staff, who are often integral sources of therapeutic social support (Rosenbaum & Smallwood, 2013). In addition to promoting socialization, a cancer center's staff and volunteers provide center members with a variety of non-medical services, including yoga, massage, group therapy, and spiritual classes (Arman, Ranheim, Rehnsfeldt, & Wode, 2008).

Therefore, in addition to responding to a cancer resource center's physical servicescape, we put forth that cancer patients also respond to a cancer resource center's social servicescape (Nguyen, DeWitt, & Russell-Bennett, 2012) which refers to all the social entities found within a center, including cancer patients, staff, volunteers, members, and their guests.

This discussion suggests that cancer resource centers typify "therapeutic landscapes," (Williams, 1998) for people living with, or somehow affected by, cancer because it provides an environment that promotes positive behaviour and social interaction with others "who are in the same boat" (Glover & Parry, 2009, p. 105). Quite often, cancer patients find solace in patronizing cancer resource centers and temporarily escaping the stigma associated with the disease by entering a world where "everybody's got cancer" (English, Wilson, & Keller-Olaman, 2008, p. 74).

Although cancer center members may obtain social supportive resources by being part of engaging social networks comprised of others experiencing cancer, in a stigma-free, home-like setting, research reveals that cancer patients often obtain much of their social support from a center's staff and volunteers, and to a lesser extent, from other cancer patients (Rosenbaum & Smallwood, 2013). Regardless of who provides social support, the transformative potential of cancer resource centers on a cancer patient's well-being cannot be understated as empirical results reveal that cancer patients can reduce their mortality risk by 12% to 25% by having an ample supply of social support (e.g., feelings of companionship and emotional support) during their illness and times of crisis (Pinquart & Duberstein, 2010).

Despite the positive role that cancer centers often play in a cancer's patient's life, as well as in the lives of others impacted by cancer, these centers tend to be disproportionately patronized by female cancer patients (Glover & Parry, 2009), even though males have higher cancer incidence rates and a higher mortality rate from cancer compared to females (Cook, McGlynn, Devesa, Freedman, & Anderson, 2011). Indeed, most of the published cancer

resource center investigations draw upon samples that are biased towards females, and then, the studies tend to generalize their findings to all cancer patients, regardless of a patient's gender. It is worth noting that we are not questioning the transformative role that cancer resource centers may play in a cancer patient's life, but rather, we raise concern about how to encourage male cancer patients, and survivors, to patronize these centers and to become engaged members.

The goal of this article is to address this research void by exploring reasons why male cancer patients may refrain from patronizing cancer resource centers and to offer researchers insights regarding future empirical studies on the topic. In doing so, we focus attention on understanding how a cancer center's physical and social servicescapes, may be perceived by female cancer patients as a welcoming environment, while simultaneously be perceived by male cancer patients as being a hyper-feminine setting. Furthermore, we also draw attention to a cancer center's cyberscape (Williams & Dargel, 2004), which refers to a center's Internet site, as well as, to its printed materials, to explore how men and women with cancer may perceive a cancer center's web-based and print initiatives differently.

Overall, this research draws upon a variety of disciplines, including services marketing, public health, visual design, and architecture, to put forth original propositions that are designed to encourage male cancer patients to patronize cancer resource centers. Thus, this work heeds MacInnis's (2011) call for original, integrative, and conceptual investigations in the marketing discipline; most notably, when these investigations provide new perspectives on an under-researched phenomenon. Correspondingly, this research contributes to both the servicescape (Bitner, 1992; Rosenbaum & Massiah, 2011) and transformative service research paradigms (Anderson et al., 2015), by offering novel insights on how cancer resource centers may employ service design initiatives to encourage male

cancer patients to approach and to participate in center services; thus, improving their health, well-being, and longevity.

2. Masculinity and cancer

Gender represents one of the major variables that impacts a person's health and illness from cradle to grave. Certainly, in many settings, masculinity equates with a man being tough, brave, risk-taking, aggressive, and not caring for one's body (World Health Organization, 2007). This perspective adheres to the concept of "hegemonic masculinity," which describes the dominant form of masculinity in contemporary western society as one that is characterized by toughness, stoicism, little or no emotional sensitivity, power and success, and self-sufficiency, with an emphasis on phallogentric sexuality (Cecil, McCaughan, & Parahoo, 2010). Thus, men who are unable to perform sexually, perhaps due to their having prostate or testicular cancer, often battle feelings of marginalization, humiliation, and despair, as they experience identity conflict with subordinate forms of masculinity (Cecil et al. 2010).

Although many men do not necessarily fully embody extreme hegemonic masculinity, men's responses to cancer often reflect varying alignments to masculine ideals. That is, research suggests that men with cancer are often cautious in disclosing their physical and mental condition to others; they commonly make attempts to avoid being perceived as different from other men and display reticence in discussions on cancer-induced distress, despite their desire to learn about their disease and to manage its side-effects (Wegner & Oliffe, 2014). Given that masculine identity is so often linked to work, play (e.g., football or other sports), and a certain male physique, it is understandable that male cancer patients often experience identity conflicts as cancer often takes a toll on their ability to work (i.e., resulting in financial hardships), engage in play activities, and alter one's bodily physique (Cecil et al., 2010). Given the challenges that male cancer patients confront because of their disease, we believe that they may obtain transformative health benefits by participating in cancer resource

center activities that teach them how to manage and to cope with their disease and help them obtain social support resources, if needed, within a stigma-free setting among like-others.

In the following sections, we turn attention towards exploring how cancer resource centers can consider masculinity in terms of service design and visual (web-based and printed) aesthetics. This is not to say that these suggestions are a cure-all for all men with cancer, as we acknowledge that masculinity is a dynamic, complex, phenomenon, and influenced by a variety of factors, such as age, socioeconomic status, race/ethnicity, sexual identity, and so forth (Wegner & Oliffe, 2014). Yet, there is sufficient research that leads us to believe that socially prescribed norms of masculinity, primarily found in men residing in Western, industrialized nations, may influence the manner in which male cancer patients respond to a cancer center's service design and marketing program initiatives.

3. Perspectives of home design

As previously mentioned, cancer resource centers, such as Gilda's Club (Glover & Parry, 2009) or LivingWell Cancer Resource Center (LivingWell) resemble home-like environments, which are meant to signal a home-away-from-home via exterior and interior design elements. Gilda's Clubs, with their famed red-colored entrance doors, are designed to send a feeling of homeliness to all cancer patients; however, not all cancer patients perceive an ersatz home in the same manner. That is, females tend to perceive homes as an emotional refuge (Mallett, 2004; Somerville, 1997); thus, it is understandable that Gilda's Clubs prides themselves on providing its members with free emotional health support. Further, from a female perspective, a home is an expression of themselves, it's a place where they conduct chores, raise families, and during their childhood, they have even viewed a home as a place of play, despite the incredible amount of work that is also associated with a home.

In contrast to females who focus attention on a home's interior, men tend to deem a home as being a physical structure that is associated with a person's status and achievement

(Somerville, 1997; Tognoli, 1979). Further, men tend to spend more time outside of a home, compared to women, and to focus one's chores on a home's exterior. Thus, we can begin to understand why men with cancer may perceive a cancer resource center's home-like design differently compared to women with cancer; that is, men do not view a home as an emotional refuge. Indeed, one may even surmise that men with prostate cancer may no longer view themselves with a sense of status and achievement as prostate cancer is typically associated with erectile dysfunction and thus, experience feelings of marginalization and subordination (Cushman, Phillips, & Wassersug, 2010). This leads us to put forth the following proposition:

Proposition 1. Women with cancer are more likely than men with the disease to view a home-like cancer resource center as a place in which they can share their emotional feelings with others.

4. Alternative areas of cancer support

Given that men may be less than willing to receive emotional support in a home-like cancer resource center, one may surmise that social support may be provided to male cancer patients in a setting that is laden with masculinity—perhaps, garage-like settings, or an expanded shed-like space. Indeed, the Men's Shed Association offers sheds in Australia, New Zealand, Ireland, and the United Kingdom, providing men with cancer, and survivors, with socially supportive activities that take place in a garage or shed-like atmospheres (Ormsby, Stanley, & Jaworski, 2010). Rather than sit in a circle format, Shed members assemble in a setting that is replete with small working tables and tools for actual woodworking. In other words, Sheds represent a safe, friendly, welcoming place for men, away from home and work, in which they work on meaningful projects in the company of other men; all to simultaneously advance their well-being (Ballinger, Talbot, & Verrinder, 2009).

In terms of programming success, the Sheds permit men with health issues to express their emotions without violating male identity expectations of being strong, or "machismo." Men with cancer report difficulties in receiving adequate social support from peers, romantic

partners, or children due to a subjective sense of a need to be strong and a belief that asking other for support may jeopardize their sense of masculine identity (Love, Thompson, & Knapp, 2014; Martinez-Tyson et al., 2017). It is worth noting here that men with prostate cancer report, as well as male adolescents and young adult males with cancer (Warner et al., 2016), report feeling a loss of masculinity and a loss of personal control of their destiny, upon receiving a positive diagnosis (see also Rivera-Ramos & Buki, 2011).

Along these lines, Love et al. (2014) encourages cancer providers to offer men with cancer opportunities to engage in anonymous, online support groups that do not specifically denote titles implying a formal emotional support group. Other researchers suggest that while men tend to shun participation in cancer social support groups, due to concerns regarding their masculinity, they tend to respond well to asking for, and receiving, social support during private sessions with social workers or health professionals (McCaughan, Prue, Parahoo, McIlfatrick, & McKenna, 2011). Thus, the masculinity stigma is such that men with cancer, who need social supportive resources, will likely refrain from participating in formal support groups due to an internal and cultural expectation of maintaining manliness by not asking others for support.

This discussion suggests that men with cancer may be encouraged to join an online discussion that focuses on sports, nutrition, exercise, or faith; without the term, support group, being used in the group's name. It is worth noting here that Gilda's Club demarcates itself as a place of emotional support; thus, one can see how that term may emasculate male cancer patients. Further, the Shed's success stems from men receiving social supportive resources in garage-like venues that not only fail to attenuate their masculinity; but rather, enhances it via servicescape design aesthetics. This discussion supports the following propositions:

Proposition 2. Men with cancer are more likely to participate in a cancer resource center's social programs when they are activity-focused compared to when they are emotionally-focused.

Proposition 3. Men with cancer are more likely to ask for support when they participate in private support sessions with cancer resource center employees than when they participate in group sessions.

The success of the Shed program suggests that cancer resource centers may be able to look for alternative venues when focusing attention on male cancer patients. Furthermore, the Shed program suggests that men with cancer may respond to receiving social support in environments that encourage natural socialization, as self-congruency with their male identity in places; so-called third-places (Oldenburg, 2001; Rosenbaum & Smallwood, 2013). A third place refers to a place other than home (i.e., first place) or work (i.e., second place), "where people gather primarily to enjoy each other's company" (Oldenburg & Brissett, 1982, p. 269).

Third places are usually not particularly intriguing or exciting in terms of aesthetic servicescape design; rather, third places offer patrons the possibility of engaging in pure *sociability* with others, which denotes a "play-form" of association (Oldenburg & Brissett, 1982, p. 270) that is not premised on the socio-economic qualifications of the people involved, but rather, a person's ability to engage in interesting conversation and to talk "just the right amount" (p. 272). Further, an inherent characteristic of third places is that they serve as locales to which people escape to and to which, over time, becomes a patron's perceived home-away-from-home (Oldenburg, 1999; Rosenbaum et al., 2007). Indeed, cancer patients may turn to third places to momentarily escape from the world of cancer; from "a world composed of pain, fear, fatigue, nausea, loss of appetite, taste and weight, and a gradual loss of dignity and control" (Edvardsson, Sandman, & Rasmussen, 2006, p. 189), into a world of sociability.

Whereas the Shed project offers male cancer patients a garage-like environment that is laden with tools and tables where men can easily engage in stigma-free discussions about cancer with other men, while engaging in a form of play, it is possible that men with cancer can use other third places to temporarily escape from the world of cancer. That is, other third places, such as a local diner, bar, arcade/pool hall, gym (Rosenbaum, Ward, Walker, & Ostrom, 2007) or coffee house (Oldenburg & Brissett, 1982) may also be conducive to a setting in which men may gather to partake in engaging social networks, to learn about health issues, or to discuss health issues with staff and other men “in the same boat.” After all, third places provide opportunities for patrons to engage in informational exchanges and social camaraderie that “are uniquely qualified to sustain a sense of well-being among its members (Oldenburg & Brissett, 1982, p. 269).

Proposition 4. Male participation in cancer resource center programs will be received positively by male cancer patients when they emphasize opportunities to socialize with other patients in places that are designed to promote sociability (e.g., third places).

5. The man cave

In terms of internal responses to spatial design elements concerning home, architectural research shows that men tend to perceive home interiors in a different manner compared to women (Khouw, 2012). For example, whereas women often feel “at-home” within a residential space, men often view the same space as that which has been appropriated by women and children; resulting in “spatial and architectural emasculation” (Shaw, 2015, p. 112). Indeed, men often view their homes not in terms of relaxation, but rather, as a shrine, a “sanctum sanctorum” of the “togetherness marriage” and its progeny (Oldenburg & Brissett, 1982, p. 266).

This gender perception difference in a home is best exemplified by the culturally-popularized term, man cave (Roy & Goss, 2007; Shaw, 2015). The pop-culture man cave refers to a separate area of a home that is typically furnished in dark color tones and which is

adorned with flat screen televisions, fully stocked bars, and various gaming options (Bounds, 2010). Perhaps, from a male perspective, it is a place in one's home that has not been "taken over" by women and children.

Although one may perceive the pop-culture man cave as simply being representative of upper-income design indulgence, the allure of the man cave, and even the staking out of some space that permits men to have a sense of control (e.g., garages, tool sheds, backyard areas) (see Shaw, 2015), may offer practical insights to cancer resource centers. That is, the man cave exemplifies the quintessential aspects of a third-place (Oldenburg, 2001) as a place other than home and work in which people may engage in pure sociability; albeit, with a self-styled man cave being in a residential locale. Interestingly, men have traditionally viewed public third-places as places of escape, havens, and islands of tranquillity; spaces in which they escaped their wives, children, bosses, creditors, and simply engaged in sociability with other men (Oldenburg & Brissett, 1982).

The man cave concept also provides valuable insights into how cancer resource centers may attract male cancer patients by altering their servicescapes. That is, men typically view dark tones, such as black, grey, navy blue and burgundy, and leather as being masculine (Ellis, 2015). It is worth noting here that the Shed project highlights men's affinity for industrial-type materials (e.g., tools, stainless steel, wood tables) as being practical and comfortable (Golding, Brown, Foley, Harvey, & Gleeson, 2007). Thus, home-like cancer resource centers can encourage male participation by creating a "man cave" in the center by being sensitive to using design elements that appeal to men. Although men may still perceive the exterior as being feminine, they may perceive an interior space that mimics the qualities of a so-called man cave as a welcoming space.

Proposition 5. Male participation in cancer resource center programs will be received positively by male cancer patients when they are conducted in settings that feature masculine design elements (i.e., non-homey).

6. Men like me

As we previously discussed, empirical research suggests that men with cancer are often hesitant to discuss their physical distress or a need for support in formal support groups, such as those sponsored by cancer resource centers, due to concerns with appearing less masculine in public (Martinez-Tyson et al., 2017; McCaughan et al., 2011). In contrast, research shows that women with cancer realize the possible health benefits that they may receive by participating in both educational and peer support groups. These support groups are often especially beneficial to women with cancer who lack sufficient social support from traditional sources, such as family members and friends (Helgeson, Cohen, Schulz, & Yasko, 2000). Thus, it is understandable that a San Francisco-based cancer resource center emphasizes on its landing page information about its multimedia library, diverse classes, ongoing support program, and a link to “support groups;” the site states:

The Cancer Resource Center supports wellness and healing by providing patients and their loved ones with information, emotional support, and community resources (UCSF Hellen Diller Family Comprehensive Cancer Center, www.cancer.ucsf.edu).

Although women with cancer, and survivors, may respond positively to this center’s mission, of education and social support (Helgeson et al., 2000); it is likely that men with cancer will overlook the opportunity to participate in complementary classes and support groups (McCaughan et al., 2011). The reality is that due to gender role conflict, which is driven by adoption of traditional masculine gender norms, men will refrain from cancer resource centers’ promotional materials that encourage men to engage in emotional expressions as a means of coping with, and adjusting to life with, cancer (Hoyt, 2009). Thus, cancer resource centers should consider reaching male cancer patients in a different manner compared to how they reach female cancer patients; that is, rather than emphasize emotional expressions, cancer resource centers should target men with objective, factual expressions of support.

More specifically, we suggest that cancer resource centers consider targeting men in communication materials, both virtual and print, by providing them with an objective flow-chart, or even a “road map,” as to how a center can help them confront the disease; although, in a manner that still complements their male identity. As previously discussed, the Shed project, along with other empirical research (Hoyt, 2009) reveals that men respond well to engaging in social supportive activities with other men, when they are not couched in a format that resembles a formal, support group. Along these lines, we put forth the concept of a “Men like me” initiative that would encourage cancer resource centers to host online and in-person social get-togethers for men with cancer to meet like-others that would be congruent with their male identity.

Figure 1 illustrates the differences between how women and men with cancer may respond to a cancer resource center’s landing page. That is, the San Francisco-based cancer resource center is inadvertently targeting female cancer patients by emphasizing the center’s ability to provide formal support groups and emotional support. The proposed landing page designed to target men emphasizes objective information and the opportunity to meet like-others with cancer, in a format that does not emphasize emotional support. The landing page picture emphasizes a directional path, an objective depiction of reaching a goal, while the landing page for females emphasizes opportunities to engage in personalized discussions. Figure 2 expands upon the “Men like me” concept by illustrating how a cancer resource center can encourage men with specific types of cancer to socialize with others either in online discussion groups or socialization opportunities based upon cancer diseases that are most common among men (i.e., prostate, colon, lung, liver, and bladder). This discussion supports the following proposition:

Proposition 6. Men with cancer will respond more favorably to a cancer resource center’s landing page when it offers opportunities to socialize with like-others as compared to engaging in emotional support groups with like-others.

Insert Figure 1 about here

Insert Figure 2 about here

7. Viewing men with cancer

Given that cancer resource centers tend to be patronized more so by women with cancer as compared to men with cancer, it is understandable that their promotional brochures tend to be replete with pictures of women (see Figure 3). Yet, advertising researchers reveal that, in general, men respond more favourably to advertisements that feature male models, as compared to those that feature female models (Martin & Gnoth, 2009). Further, research suggests that men with cancer may respond more favourably to a photograph of a female professional medical staff member as compared to a male professional. That is, studies reveal that when men view advertisements that trigger stereotype-incongruity, such as a man being physically ill or needing assistance, they respond negatively to advertisements that show the presence of another male, as doing so forces them to deal with maintaining their masculinity in a challenging situation (Fisher & Dubé, 2005). This discussion leads us to put forth the following propositions:

Proposition 7. Men with cancer will respond more favorably to cancer resource centers' promotional materials that feature males as patients, as compared to materials that feature females as patients.

Proposition 8. Men with cancer will respond more favorably to cancer resource centers' promotional materials that feature females as cancer resource center staff members, as compared to materials that feature males as staff members.

Insert Figure 3 about here

8. Conclusion

To date, many social scientists have explored the transformative benefits that cancer resource centers extoll upon their members by encouraging them to engage in activities that provide them with life-enhancing socially supportive resources in their time of need (Rosenbaum & Smallwood, 2011, 2013). Indeed, by patronizing cancer resource centers and by participating

in center activities, cancer patients, survivors, and others affected by cancer, momentarily escape the world of cancer and enter a home-away-from-home (Glover & Parry, 2009).

Despite the positive benefits that cancer resource centers offer cancer patients, the fact is that these centers tend to be disproportionately patronized by females (Rosenbaum & Smallwood, 2011). The goal of this article was to understand why men with cancer may be perceiving a cancer center's servicescape (Bitner, 1992), as well as, its services, Internet, and marketing program initiatives differently than women with cancer. We achieved this objective by engaging in an inductive research study that compiled ideas across the social sciences and visual design literatures; an effort which resulted in us putting forth 8 research propositions that may be empirically tested in future research.

The propositions offer health and service researchers, cancer resource center managers, and program officers valuable insights regarding how they may attract male cancer patients, and survivors, by altering design elements in their physical structures, social programming, and their virtual and print marketing communication initiatives. Our propositions include, cancer resource centers hosting social programs for men with cancer in environments not resembling a home, or in alternative spaces, that they perceive as having masculine aesthetics. Rather than encourage men with cancer to participate in emotional support groups, we suggest that cancer resource centers provide men with socialization opportunities to engage in play-like activities with like-others, without espousing the need for them to discuss their emotions in open forums. Finally, we encourage cancer resource centers to consider offering men with cancer landing pages, or links, that feature depictions of men with cancer working with female cancer resource center staff.

9. Limitations

In terms of research limitations, an underlying concern in cancer resource center research is that it is typically available to cancer patients in wealthier, industrialized nations (Rosenbaum

& Smallwood, 2013). Thus, the ability of this research to generalize to both developing and to least developing nations is questionable. Further, as previously mentioned, masculinity is not a universal, homogenous concept; thus, discussing it as such has limitations by its very definition. Moynihan (2002) suggests that researchers can overcome these limitations by considering a 'gender relational' (p. 166) perspective to cancer care. This perspective considers that people enter cancer care with a set of socially constructed relationships, including perceptions of masculinity and femininity, which may be challenged by the disease and its treatment. Further, this perspective requires oncologists to engage in narrative medicine; an approach that encourages patients to provide medical staff with personal stories so that physicians may "recognize, interpret, and be moved to action by the predicaments of others" (Charon, 2001). Despite these limitations, we encourage health and service researchers alike to expand upon this research by exploring the ways in which cancer resource centers can best provide services to cancer patients, survivors, and to those impacted by disease.

Figure 1.
Actual and proposed landing pages for cancer resource centers

Targeting females with cancer, and survivors

The Ida & Joseph Friend Cancer Resource Center

PATIENT CARE > CANCER RESOURCE CENTER > THE IDA & JOSEPH FRIEND CANCER RESOURCE CENTER

Three colored buttons: **New Patient Orientation** (blue), **Schedule of Events** (purple), and **Support Groups** (orange).

The Cancer Resource Center supports wellness and healing by providing patients and their loved ones with information, emotional support, and community resources.

The center maintains a multimedia library, provides access to specialized health databases, and offers research assistance. We host diverse classes and ongoing support groups. All programs are available at no cost.



The Cancer Resource Center (Mount Zion) is open Monday through Friday from 9 a.m. to 5 p.m.

1600 Divisadero St., B-101, San Francisco
 415.885.3693 (voice)
 415.885.3701 (fax)
[Email Us](#)

Targeting males with cancer

Proposed landing page for targeting males with cancer. The page features a navigation bar with links: HOME, JOURNEY, INFORMATION, STORIES, and OUR SERVICES. The main heading is "Your Journey Through Cancer" over a background image of a path through a forest. Below the heading, the page is divided into two columns:

- Cancer Journey**
 - 1.) Online Evaluation**
 - Stress management helps you take control of your stress.
 - Better control of stress helps improve quality of life.
 - Developing an action plan
 - 2.) Men like Me**
 - Personal Stories about men like you going through cancer.
 - Explaining experiences related to different types of cancer patients
- Understanding your Cancer**
 - 3.) Understanding your Cancer**
 - Getting information after diagnosis is a critical part in helping you make informed choices while decrease decision related distress.
 - We offer information on many types of Cancer.
 - 4.) Programs and Services**
 - Based on your needs we offer many Programs and services that provide ways to improve quality of life.
 - Call: (630) 262-1111 to set up an appointment

Figure 2.
Enhancing the “Men like me concept”

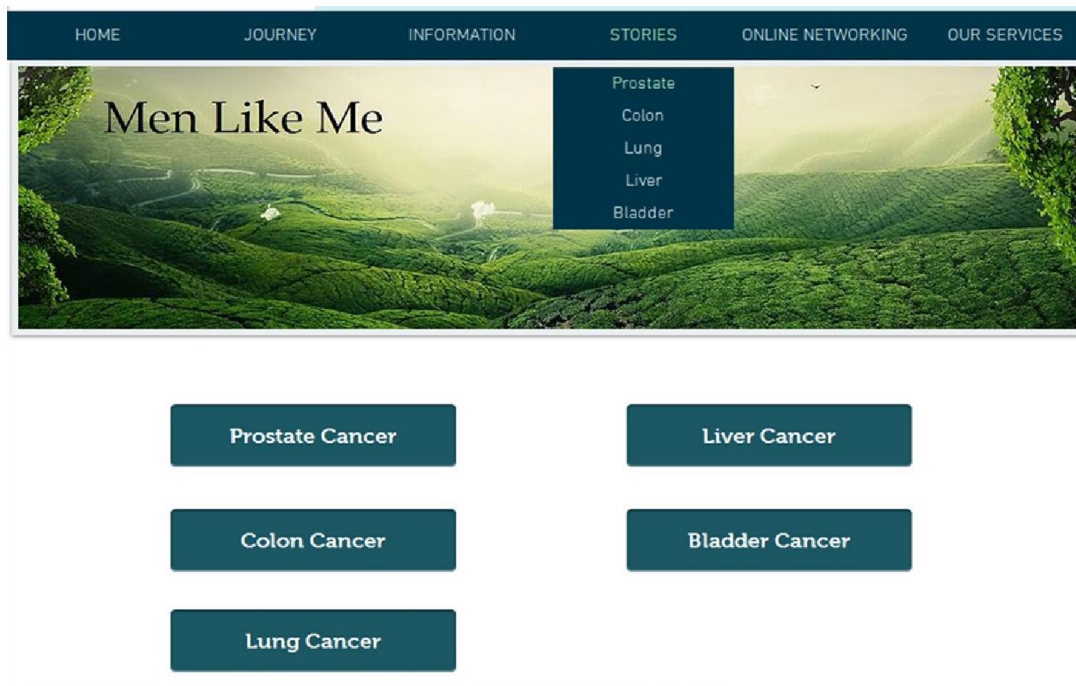
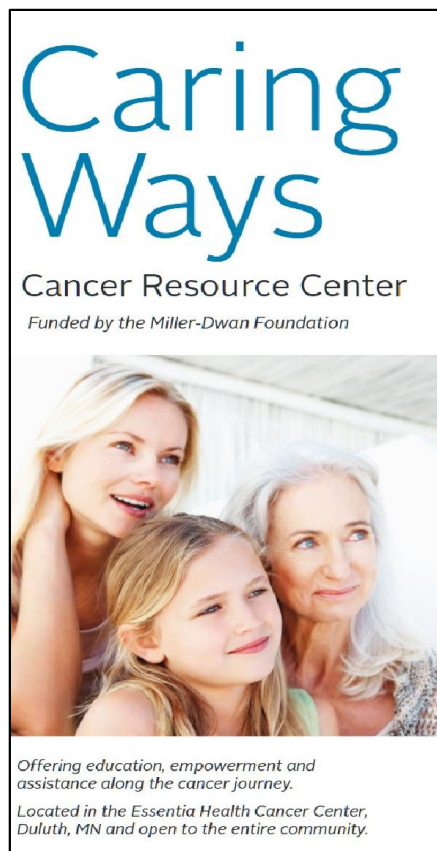


Figure 3.
Cancer center brochure



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