Breast Cancer In Men

In New Zealand, around 25 men are diagnosed with breast cancer each year.

Breast cancer in men is the same disease as affects women. Although most of the available information is directed at women it is generally relevant for men too, as the diagnosis, treatment and survival rates for both sexes is very similar.

All men need to know what signs of breast cancer to look for, and to report any breast changes to their GP. For most men, breast cancer doesn't come to mind when they notice a change in their breasts, which can delay diagnosis. Learn the signs of male breast cancer, so you can detect it early.

Signs and symptoms

- A lump or area of thickened tissue. This is most commonly painless and situated close to, or behind, the nipple.
- Skin changes such as puckering or dimpling, redness or ulceration, or any change in breast shape.
- Nipple changes such as a newly indrawn or distorted nipple, or itchy, scaly, or ulcerated skin on the nipple.
- Fluid discharge from the nipple. This might be clear or bloodstained.
- Unusual breast pain or tenderness.
- Painless lump in the axilla (armpit).

These symptoms may also be signs of a benign (non-cancerous) breast condition but it’s important to have any changes checked by your doctor. It's important to note that enlargement of *both* breasts is usually not cancer. This is usually gynaecomastia, a benign enlargement of the glandular tissue in the breasts. This is commonly due to a hormone imbalance and may be caused by weight gain, certain medications, heavy alcohol or marijuana use.

Risk factors

- Getting older. Most cases are diagnosed in men over the age of 50.
- Having a strong family history of breast and/or ovarian cancer. Men who have several family members with breast cancer have an increased risk of developing the disease.

- BRCA gene mutations. 10 – 20% of male breast cancers are associated with an inherited fault in the BRCA genes, which normally suppress tumour growth. Men who carry an inherited BRCA gene mutation (most commonly BRCA2) have an increased risk of developing breast cancer. However, the majority of male breast cancers happen in men who have neither a family history of breast cancer nor an inherited gene abnormality.

- Radiation treatment to the chest (e.g. treatment for lymphoma). The risk is greater if radiation exposure occurred at a young age.

- High oestrogen levels. Because fat cells contribute to oestrogen production, being overweight can raise oestrogen levels and is associated with breast enlargement. Heavy use of alcohol and chronic liver conditions (e.g. cirrhosis) can also affect oestrogen regulation, because they can cause the liver to lose its ability to regulate hormone levels efficiently.

- Klinefelter's Syndrome - a congenital (present at birth) chromosomal disorder. Affected males are born with an extra X (female) chromosome (XXY rather than XY) resulting in lower testosterone production and high levels of oestrogen. This makes their breast cancer risk the same as for the average woman. Men affected with Klinefelter's Syndrome have enlarged breasts, sparse facial and body hair, small testes and an inability to produce sperm.

Diagnosis

The tests used to investigate breast changes in men are the same as those used for women. The ‘triple test’ is used to find the cause of a suspicious breast change.

This consists of:

- A clinical breast examination, including an examination of lymph nodes under the arm and above the collar bone, and a discussion about your medical and personal history.

- Imaging of both breasts with mammogram and ultrasound.

- Biopsy of the area of concern to obtain a diagnosis.

Treatment

Surgery

Because men have much smaller breasts, the surgical treatment for men is usually mastectomy, rather than breast conserving surgery. Mastectomy usually involves removing all of the breast tissue, plus the nipple, areola and some of the surrounding skin. Reconstructive procedures can be used to improve the appearance of the chest wall if needed. Implant reconstruction is not an option as currently available implants are all designed to replicate women's breasts rather than men's. Nipple

reconstruction may be an option, or 3D tattooing can give the appearance of a nipple.

One or more lymph nodes will usually be removed from your armpit when the mastectomy is performed to check whether the cancer has spread to this area. This allows the disease to be staged and aids treatment decisions.

Adjuvant treatment

Adjuvant treatment (after surgery) is essentially the same as for women, and may include hormone-blocking therapy, radiation therapy, chemotherapy or other targeted therapy. This will depend on the characteristics of the tumour, such as size, grade and stage, and whether the cancer cells have receptors for oestrogen, progesterone and HER2.

Most male breast cancers are hormone receptor positive, which means that oestrogen can stimulate the growth of the cancer cells. Tamoxifen is a medication which blocks the action of oestrogen and is a common treatment option to reduce the risk of recurrence in the future. While aromatase inhibitors, another class of hormone-blocking drugs, are often used to treat post-menopausal women with breast cancer, they have not been well studied in men so are not commonly used as a first line of hormone therapy.

Herceptin, a targeted biological therapy, can be given for men with HER2-positive disease.

https://www.breastcancerfoundation.org.nz/support/patient-information-events/webinar/past/male-breast-cancer