

## Quick Links

### Breast Cancer in Men

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UNDERSTANDING CANCER

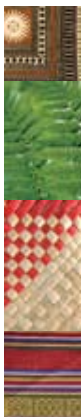
# Breast Cancer in Men



From one man to another



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**Publications Statement**

The Cancer Society’s aim is to provide easy-to-understand and accurate information on cancer and living with cancer.

Our *Living with Cancer* and *Understanding Cancer* information booklets are reviewed every four years by cancer doctors, specialist nurses and other relevant health professionals to ensure the information is reliable, evidence-based and up-to-date. The booklets are also reviewed by consumers to ensure they meet the needs of people affected by cancer.

**Other titles from the Cancer Society of New Zealand/Te Kāhui Matepukupuku o Aotearoa Booklets**

- Advanced Cancer/Matepukupu Maukaha
- Bowel Cancer/Matepukupuku Puku Haumuti
- Bowel Cancer and Bowel Function: Practical Advice
- Breast Cancer/Te Matepukupuku o ngā Ū
- Cancer in the Family: Talking to your children
- Cancer Clinical Trials
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- Got Water?/He Wai?
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- Being Active When You Have Cancer
- Talking to a friend with cancer
- Being Breast Aware
- Bowel Cancer Awareness
- Gynaecological Cancers
- Thermography
- Questions You May Wish To Ask

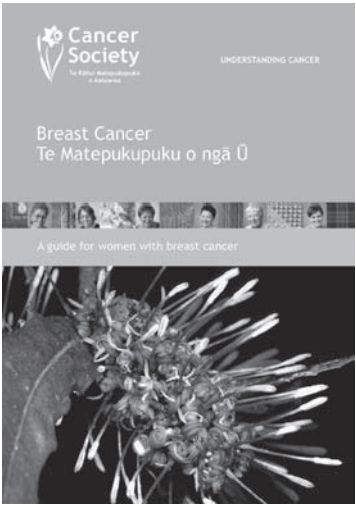
# Breast Cancer in Men:

## From one man to another

This booklet is written for men who have been diagnosed with breast cancer or are being investigated for breast cancer.

There is a lot of great information available about breast cancer but the language and illustrations are aimed at women. The Cancer Society provides a large amount of valuable information that you can read. Much of the information is applicable to men.

As you read through this booklet you will be referred to resources available from your local Cancer Society. This booklet is designed to be read with the Cancer Society’s *Breast Cancer* booklet. Scattered through this booklet are comments from personal experience.



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## What is breast cancer?

Breast cancer is a malignant tumour that starts in the breast tissue. Men have breast tissue too, comprised of fat, fibrous tissues, fine ducts and glandular elements or lobules. The majority of breast cancers begin in the ducts (ductal cancer). A small number start in the sacs or lobules (lobular cancers). Within these two groups there are different subtypes of breast cancer. Some grow very slowly. Others develop more rapidly.

Breast cancer can spread to lymph glands and to other parts of the body, such as the bones and liver.

## How common is breast cancer in men?

About 1 percent of all breast cancers are in men. That means that each year, in New Zealand, about 20 men are diagnosed with breast cancer.

Most of the research in breast cancer relates to women, therefore, treatment is mostly based on what is used for women. However, there is ongoing research in the best way to treat breast cancer in men.

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“I went to the doctor with a lump in my nipple and a blood stained discharge from the nipple. This led to a mammogram and an ultrasound prior to an appointment with a surgeon. The mammogram was mildly uncomfortable and the ultrasound completely painless.

At the first appointment with the surgeon she suggested a biopsy and this was done at a local radiology clinic. This involved a local anaesthetic and a minor procedure to collect samples from the lump. The biopsy took about 20 minutes and was painless.” **Brian**

For more information, read the Cancer Society’s booklet *Breast Cancer/Te Matepukupuku o ngā Ū*, which is available from your local Cancer Society or by contacting the Cancer Information Helpline **0800 CANCER (226 237)**. You can also read, download or listen to this booklet on the Cancer Society’s website (**[www.cancernz.org.nz](http://www.cancernz.org.nz)**).

## Symptoms

Some breast changes may be early signs of breast cancer, including:

- a lump or lumpiness
- thickening of the tissue (this is the most common change); nipple changes; for example, a blood-stained discharge from a nipple, an inverted nipple (unless the nipple has always been turned in), or a rash on a nipple
- skin dimpling
- a change in shape
- a painful area
- a rash or red marks which appear only on the breast.

Breast cancer is often thought of as a women’s disease and this can make men feel embarrassed to seek help, and when given a breast cancer diagnosis. Don’t delay – if you have a breast symptom get professional advice. Most breast symptoms in men are not due to cancer.



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“In Late 2009 I was diagnosed with breast cancer. Things happened pretty quickly after that. What – with going to different clinics here and there, and being prodded with various instruments and what-nots, I somehow thought I was a bit of a celebrity, getting all this attention, even though it was for cancer. My wife was right there beside me. Lord, what would we do without them?” **Dennis**

“When the surgeon told me I had breast cancer it hit me like a punch in the stomach. I couldn’t believe it and didn’t really take in much that was said. I left the surgeon’s rooms clutching an information folder I had been given, feeling numb and frightened. I knew an operation had been scheduled but a lot that was said hadn’t struck. Fortunately, my wife was with me and she was able to fill in the gaps for me.” **Brian**

## The diagnosis

The diagnosis is based on information gathered from a range of tests. These will probably include a mammogram, an ultrasound and a biopsy. You can read about these in a booklet called *Breast Cancer/Te Matepukupuku o ngā Ū* which is available from your local Cancer Society or by phoning the Cancer Information Helpline **0800 CANCER (226 237)**. You can also read, download or listen to this booklet on the Cancer Society’s website (**[www.cancernz.org.nz](http://www.cancernz.org.nz)**).

## After the tests

When you see your surgeon to hear the diagnosis, you will probably already have started to think about your future. The actual diagnosis of breast cancer hits hard and you can feel out of control and uncertain. Having your wife, partner or friend with you at the diagnosis and any further appointments will be a great support. The information you receive at these appointments will be heard by the other person. This will ensure you both know what is going on.

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“I decided to take the process one step at time and not get too involved in what might happen later. This meant concentrating on the operation and recovery and waiting for test results before thinking about the next steps. I also had the niggling feeling that the diagnosis was a mistake and that the tests had been mixed up.” **Brian**

“I decided to be upfront and tell a lot of people in a straight forward, factual way. I figured that the information would get around anyway and maybe not accurate. Everyone I told was great and I had offers of help with lawns, jobs around the house and transport. Nobody seemed to think breast cancer in a man was strange or peculiar. The only problem I had was when someone was kind and said something nice and this stirred up my emotions.” **Brian**

## Before the operation

There are two main options. You can collect information, read books, look up websites and become very well-informed or you can take things one step at a time.

The approach you take depends on your way of doing things. If you go for full information, ask your surgeon to supply you with information or contact your local Cancer Society or phone the Cancer Information Helpline **0800 CANCER (226 237)**.

If you decide to go one step at a time you need to focus on the operation and your recovery from the surgery. The laboratory results from samples taken during your operation will dictate what happens next and you can get information relevant to you at a later appointment.

## Telling people

You need to decide who to tell about your breast cancer. Most people are happy to tell family, close friends and some people at work.

As breast cancer is often seen as a ‘woman’s cancer’ some men find it difficult or embarrassing talking about their breast cancer. You may want to start by telling close friends and family and then once you feel more comfortable and confident talking about your cancer, let other people know. The more open you are about your breast cancer, the easier it may be for others to support you.



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## The operation

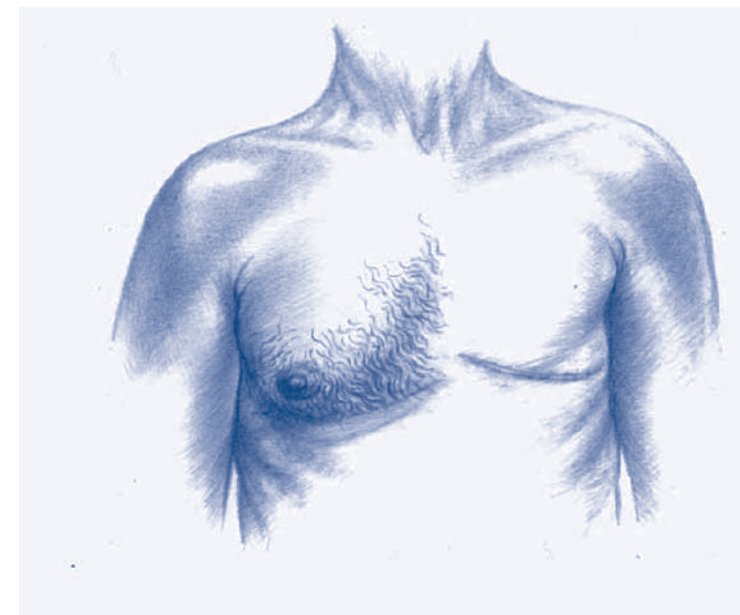
The first treatment for breast cancer is usually surgery on the breast and on the glands in the armpit (the axillary lymph nodes). Examination of the cancer and the lymph nodes by a pathologist, after the operation, will indicate any further treatment.

For more information on breast surgery contact your local Cancer Society for the *Breast Cancer/Te Matepukupuku o ngā Ū* booklet, phone the Cancer Information Helpline **0800 CANCER (226 237)** or visit the Cancer Society's website (**[www.cancernz.org.nz](http://www.cancernz.org.nz)**) to read, download or listen to the booklet. You can also read about breast cancer in men on the National Breast and Ovarian Cancer Centre's website: **<http://www.nbocc.org.au/men/>**

## The surgery—mastectomy

This is the removal of all the breast tissue including some of the skin and the nipple. The chest muscles are not removed. Some lymph glands in the armpit are removed during the operation, usually through the same incision. Most people will go home the day after the operation.

### Male mastectomy



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“I spent one night in hospital and went home with a drain tube in place. There was never any pain and I was able to start a series of exercises and use my arm freely. A district nurse visited daily for about a week to change the drain bottles and check progress. When the drain was removed by the surgeon, after about a week, there was some sensation but no pain.” **Brian**

## Drainage after surgery

After your operation you will have one or two tubes (called drains) coming from the area of your operation and draining into small bottles. If you have ever grazed yourself you will have noticed a clear or blood-stained liquid on the surface of the graze. This is the same liquid coming from your wound.

The drains will stay in place for about a week and will then be removed. If fluid continues to build up after the tubes come out it can be easily drained using a needle which goes in near the operation wound. Because the area is numb you should not feel anything.

## Side effects of surgery

For information on the side effects of surgery, contact your local Cancer Society for a copy of the *Breast Cancer/Te Matepukupuku o ngā Ū booklet*, phone the Cancer Information Helpline **0800 CANCER (226 237)** or read, download or listen to the booklet on our website (**[www.cancernz.org.nz](http://www.cancernz.org.nz)**). See pages 32 and 33 of the Breast Cancer booklet for information on the side effects of surgery.

## The follow-up appointment

About a week after your operation you will see the surgeon again. This is when you will get the results from the tests of the breast tissue removed in the operation. You will get information on the stage and grading of your cancer and possible further treatment. For information on staging and grading cancer contact your local Cancer Society for a copy of the *Breast Cancer/Te Matepukupuku o ngā Ū booklet*; phone the Cancer Information Helpline **0800 CANCER (226 237)** or read, download or listen to the booklet on the Cancer Society’s website (**[www.cancernz.org.nz](http://www.cancernz.org.nz)**).





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“I know it hasn’t been long for any sort of results – I am feeling very ‘up and at ‘em’, but that is how I am.” **Dennis**

“My wife and I belong to a Country Music Club, and we have three ladies there that have breast cancer. They think I’m quite special, and I feel very humble to have their company, even if they do rib me about it.” **Dennis**

This is also an opportunity to ask questions. The Breast Cancer booklet has a list of questions at the back that could help you with your list.

“I asked four questions:

- What happens next?
- Can the cancer reappear in the chest area? Somewhere else?
- What is the best outlook? Worst outlook?
- Is there anything else you think I need to know?

My wife was with me at this appointment and, once again, this was a real support.” **Brian**

## Exercise

For information about being active when you have cancer and lymphoedema contact your local Cancer Society; phone the Cancer Information Helpline **0800 CANCER (226 237)** or read the following Information Sheets on the Cancer Society’s website (**[www.cancernz.org.nz](http://www.cancernz.org.nz)**):

*“Exercise after breast cancer surgery”*

*“Living with lymphoedema”.*

After your cancer has been removed, your surgeon will discuss your cancer with other specialists to determine what further treatment, if any, will be recommended.



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## Chemotherapy

Only some men will need chemotherapy. This is the treatment of cancer with drugs. The aim is to destroy cancer cells while having the least possible effect on normal cells. The drugs are usually given intravenously via a drip and, therefore, circulate around the body. Chemotherapy is a systemic treatment (treating the whole body) compared with surgery and radiation treatment, which are local treatments to a specific area in the body (chestwall, axilla, etc).

There are different regimens or combinations of drugs used in breast cancer. Treatment is often in cycles at three-weekly intervals, and may last for several months.

## Side effects of chemotherapy

In addition to destroying cancer cells, chemotherapy can also damage some normal cells, especially those that divide rapidly. Rapidly dividing cells include those lining the mouth, stomach and bowel, as well as those in skin, hair and bone marrow. If these normal cells are damaged during therapy, you might experience side effects such as:

- infections – the drugs can lower your ability to fight infections

**If you are feverish (your temperature is 38 degrees C or more), or if you feel unwell in any way – don’t wait to see what happens—take action quickly. Contact your cancer doctor or nurse, and follow the advice given.**

- sore mouth
- nausea and vomiting
- loss of appetite or taste changes
- feeling off-colour and tired
- thinning or loss of hair
- weight gain or loss.

Individual chemotherapy drugs may have particular side effects, and these will be discussed with you.

Exercise, even during treatment, will help you to feel less tired. Gentle exercise such as walking is ideal. But some men find that more strenuous exercise is helpful too.

If you have temporary hair loss, you are entitled to a benefit to buy a wig or hair piece.



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## Radiation treatment

Sometimes, radiation is given after mastectomy and axillary surgery to reduce the likelihood of developing recurrence (the return of cancer) in/over the chest wall or in the axillary or supraclavicular (above the collar bone) lymph nodes.

Radiation treatment is the use of radiation (rays of energy called photons or little particles called electrons) to destroy cancer cells, usually using a machine called a Linear Accelerator. You will see a radiation oncologist who will discuss this treatment with you.

Treatment is given four to five days a week over about four to five weeks. It is painless and only takes a few minutes for each treatment.

## Side effects of radiation treatment

Side effects of radiation treatment may include:

- general tiredness
- some reddening or ‘sunburning’ of the skin.

Follow the advice of your radiation therapists on skin care.

The following tips will help you through your treatment:

- Where possible, keep your skin dry and clean. After washing gently pat your skin dry.
- Do not use aftershave or lotions without first checking with your doctor, nurse or radiation therapist.

- Do not use deodorant or sunscreen in or around the area that is being treated.
- Wear loose-fitting cotton clothing over the treatment area.

## Hormonal therapy

Hormonal therapy is often used in addition to surgery and radiation treatment for treating breast cancer in men. Most breast cancers in men need hormones called oestrogens to grow. Hormonal therapies work by decreasing the amount of oestrogen in the body or by stopping the cancer cells getting oestrogen. The most common one used in men is the anti-oestrogen (tamoxifen). Aromatase inhibitors, another class of oestrogen lowering drugs used in women, are not effective in men.

## Side effects of hormonal therapy

The most common side effects of hormonal therapy include:

- hot flushes (sudden feeling of being heated, accompanied by sweating and redness in the chest, neck and face).

And less commonly:

- nausea
- headaches
- decrease in libido/sexual interest.



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## Other treatment

Trastuzumab (Herceptin) is a targeted breast cancer therapy for people whose breast cancer is HER 2 positive. HER 2 positive means that these people have a particular protein called HER 2 on their cancer cells. HER 2 positive patients have a more aggressive breast cancer and will be offered chemotherapy and Herceptin to kill cancer cells that might have spread even if scans are “negative”.

Herceptin is given intravenously once every week or every three weeks, and is usually well-tolerated. Uncommonly, it may cause some impairment of heart pumping function. A heart echo test will be done regularly.

## Work

Your surgeon will tell you when you can start work again and this will depend on the type of job you do. The Cancer Society has an Information Sheet titled “*Cancer: Insurance, Legal and Employment Issues*” on their website ([www.cancernz.org.nz](http://www.cancernz.org.nz)) you may find useful.

## Family history

When men get breast cancer, there is a higher chance that this may be caused by an inherited fault in a gene called BRAC2. If you have a family history of breast cancer you should discuss this with your specialist.

## Partner’s view

“Expecting to be told at your appointment that there was no cancer, the positive diagnosis was shocking. I went into ‘I have to be strong’ mode. How crazy to do that. I needed a really good cry that I didn’t allow myself, which also didn’t give our family the chance to react. Again, in the same circumstances, I would let myself go, then get on with it.

Now each time I look at the rather large scar, I think ‘There is the scar that has, hopefully, given us more time together.’ and we make each moment together so special.”  
**Brian’s wife**

## For more information

National Breast and Ovarian Cancer Centre:  
*“Breast Cancer in Men”*

<http://www.nbocc.org.au/men/treatment/surgery.php>

Breast Cancer Care (UK)  
*Men and breast cancer*

<http://www.breastcancercare.org.uk/breast-cancer-breast-health/living-with-breast-cancer/men-and-breast-cancer/>



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# Notes

You may wish to use this space to write down any questions you want to ask your doctor, nurses or health providers at your next appointment.





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# Cancer Society of New Zealand Inc. Te Kāhui Matepukupuku o Aotearoa

Cancer Society of New Zealand Inc.

[www.cancernz.org.nz](http://www.cancernz.org.nz)

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Telephone: (03) 477-7447



**Feedback**

**Breast Cancer in Men: From one man to another**

We would like to read what you thought of this booklet: whether you found it helpful or not. If you would like to give us your feedback please fill out this questionnaire, cut it out and send it to the Information Manager at the address at the bottom of the following page.

1. Did you find this booklet helpful?

Yes ☐ No ☐

Please give reason(s) for your answer.

2. Did you find the booklet easy to understand?

Yes ☐ No ☐

Please give reason(s) for your answer.

3. Did you have any questions not answered in the booklet?

Yes ☐ No ☐

If yes, what were they?



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4. What did you like the most about the booklet?

5. What did you like the least about the booklet?

6. Any other comments?

Personal information (optional)  
Are you a person with cancer, or a friend/relative/whānau?

Gender: Female ☐ Male ☐ Age \_\_\_\_\_

Ethnicity (please specify): \_\_\_\_\_

Thank you for helping us review this booklet.

The Editorial Team will record your feedback when it arrives, and consider it when this booklet is reviewed for its next edition.

Please return to: The Information Manager, Cancer Society of New Zealand, PO Box 12700, Wellington 6144.



**Information, support and research**

The Cancer Society of New Zealand offers information and support services to people with cancer and their families. Printed materials are available on specific cancers and treatment.

The Cancer Society is a major funder of cancer research in New Zealand. The aim of research is to determine the causes, prevention and effective methods of treating various types of cancer.

The Society also undertakes health promotion through programmes, such as those encouraging SunSmart behaviour, being physically active and eating well and discouraging smoking.

**We would appreciate your support**

Many Cancer Society services would not be possible without the generous support of many New Zealanders. You can make a donation by phoning 0900 31 111, through our website at [www.cancernz.org.nz](http://www.cancernz.org.nz) or by contacting your local Cancer Society.

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The Cancer Society wishes to acknowledge the input and expertise of our consumer reviewers.

**Photography**

Cancer affects New Zealanders from all walks of life, and all regions of our beautiful country. This cover photo of a rainforest in South Westland, Westland District, West Coast Region, New Zealand was taken by Rob Suisted.

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# ANY CANCER, ANY QUESTION

## 0800 CANCER (226 237)

### Cancer Information Helpline

