Male breast cancer: What you should know

UCI Health

In early October, breast cancer in men became national news when Mathew Knowles, the father of pop star Beyoncé, went public with his diagnosis and mastectomy to remove the tumor.

“Because his case is in the news, people are talking about breast cancer in men and if we should be screening,” says UCI Health Dr. Kari Kansal, chief of breast surgery at UCI School of Medicine’s Department of Surgery.

“Should men be screened routinely for breast cancer?” Kansal asked rhetorically. “The short answer is no.”

No real screening guidelines

Today there are no recommendations or guidelines for screening men, even those who are at greater risk for developing breast cancer because of a family history of breast cancer. Neither is it recommended that men perform a monthly self-exam — the efficacy of which is also controversial for women.

Breast cancer in men is extremely rare — comprising between 0.5% and 1% of the more than 271,000 breast cancers diagnosed each year in the United States.

Kansal, who sees patients at Pacific Breast Care Center in Costa Mesa, says that low rate meshes with her own practice, where she typically sees one to two men a year with breast cancer, compared with 200 or so women she treats annually for the disease.

Even for men at higher risk due to an inherited gene mutation, the lifetime chance of developing breast cancer is only 6%, Kansal says, which is just a fraction of an average woman’s risk overall.

But that doesn’t mean men should do nothing, especially given a recent study showing that men who are diagnosed with breast cancer have a 19% higher risk of dying than their female counterparts.

Know your family history

For starters, Kansal says, “Men should ask whether people in their family — especially the males — have had breast cancer. That could put them at a higher risk. If so, we’d like to follow them closely.”

Another factor that increases risk is an inherited mutation of the BRCA2 gene.

When tested, the 67-year-old Knowles was found to have this gene mutation. But it was a bloody discharge from a nipple that first sent him to a doctor for diagnosis and treatment last July.

Most breast cancers in men are diagnosed because of a lump discovered in the chest area. Men should let their primary care doctors know about any lumps, skin changes or nipple discharges that they — or their partners — notice.

Breast cancer symptoms

According to the National Cancer Institute, men with breast cancer usually have lumps that can be felt. Lumps may be caused by other conditions, but checking with your doctor is recommended if you notice:

- A lump or thickening in or near the breast or in the underarm area
- A change in the size or shape of the breast
• A dimple or puckering in the skin of the breast
• A nipple turned inward into the breast
• Fluid from the nipple, especially if it’s bloody
• Scaly, red, or swollen skin on the breast, nipple or areola (the dark area of skin around the nipple)
• Dimples in the breast that look like the skin of an orange, called peau d’orange

**How do doctors evaluate symptoms?**

“The workup we do is exactly what we do for women,” says Kansal. “We start by using a mammogram and ultrasound. Yes, men can have a mammogram!”

Just as in a woman, a lump discovered in a man’s breast may lead to a biopsy. Through imaging and biopsy, physicians are able to give an accurate diagnosis.

Gynecomastia is an enlargement of a man’s breast tissue that is caused by high estrogen levels. Lumps in the tissue may be benign or noncancerous.

Pseudogynecomastia is a lump composed of fat. A lump may also be the result of an infection, such as a small abscess.

**Treating cancer**

If a lump is found to be cancer, Kansal says, the treatment protocols are almost exactly the same as for women:

Surgery, either mastectomy or partial mastectomy, known as a lumpectomy

Possible radiation therapy

Medication or system therapies, including chemotherapy, estrogen-blocking drugs, therapies targeted to specific types of breast cancers

One difference is that since men have a lot less breast tissue than women, most elect to have a mastectomy rather than a lumpectomy.

**After breast cancer treatment**

There’s little guidance for men after they have been treated for breast cancer.

Kansal usually discusses men’s values and preferences for follow-up care, such as whether they want to be screened regularly with mammography going forward.

Some elect to remove tissue from the remaining breast prophylactically for peace of mind, although the evidence does not demonstrate that it enhances survival.

Statistics show that 12.5% of men who’ve had breast cancer go on to develop other cancers, including:

• Gastrointestinal
• Pancreatic
• Prostate
• Nonmelanoma skin cancers

“We need to monitor not just the breast, but also look for secondary cancers,” Kansal says.

**Male breast cancer survival rates**

Men’s survival rates for breast cancer lag behind women’s, particularly during the first five years after diagnosis.

It is thought to be because men are not regularly screened for breast cancer and because they tend to ignore symptoms. That means breast cancer is too often diagnosed at a later stage than in women who are undergoing regular screening mammograms. Men are diagnosed with breast cancer five to 10 years than women, on average.

Vanderbilt University researchers reported in the journal JAMA Oncology in September that male breast cancer patients had 19% higher chance of dying than female patients within five years of diagnosis. Among the factors they cited for this disparity were delays in detection, lack of adequate treatments and too few studies of male breast disease.

Kansal says this disparity underscores how important it is for men to pay attention to symptoms and to keep their primary care doctors informed of any changes to their breasts and of their family histories.