

# *The* UUN Known Patient

Male Breast Cancer Can Be An Isolating Experience

When people hear the words “breast cancer,” they likely envision pink ribbons. Maybe they think about a woman they know who had the disease. Maybe they are “that” woman. Chances are, however, they don’t think about men.

But last year, about 2,700 American men experienced something like what happened to Thomas Spoltore. Right after Christmas in 2017, the then-72-year-old barber was showering when he noticed what he thought was a pimple on the right side of his chest.

He decided to ignore it, figuring it would go away. But as the days and weeks passed, it didn’t. It got bigger. Spoltore’s wife suggested he see his family doctor, who recommended further consultation. Spoltore made an appointment at Fox Chase Cancer Center. A mammogram and ultrasound confirmed he had breast cancer.

“My initial reaction was shock,” Spoltore said. “I truly did think the odds were in my favor and there would not be a cancer diagnosis. It was hard to talk about initially, since I was not aware of anyone I knew with male breast cancer.”

BY ABBEY J. PORTER

PHOTO ILLUSTRATION BY CLINT BLOWERS





While men don't have breasts in the same sense that women do, everyone—male and female—has breast cells and tissue that can become cancerous. Breast cancer in men is relatively rare: Only 1 in 1,000 men will be diagnosed with the disease, versus 130 in 1,000 women. Breast cancer in men usually develops as a hard lump beneath the nipple and areola.

Most cases of breast cancer in men are infiltrating ductal carcinoma, or IDC, in which cells in and around the milk ducts (yes, men also have milk ducts) begin to invade surrounding tissue. Breast cancer carries a higher mortality rate in men than in women, partly because men are less likely to suspect a lump of being cancerous, which can cause a delay in treatment.

That was the case with Spoltore, who waited a month or more before seeing a doctor about the growth on his chest. Once he had been diagnosed, Fox Chase surgical oncologist Allison A. Aggon gave him a choice: have the tumor removed and undergo radiation, or have a mastectomy. Spoltore opted for the mastectomy.

### TREATMENT AT A GLANCE

The large number of female breast cancer patients has allowed for extensive study of the disease—and its treatment—in women. However, the disease has not been studied much in men because of the relatively small number of male patients. “Historically, we’ve always extrapolated our experiences with women to treat men,” said Mary Daly, a medical oncologist specializing in genetics. “But there very well could be differences in responses to chemotherapy agents that we really don’t know.”

With that said, treatments for male and female breast cancer patients are generally the same. Many men benefit from a combination of approaches, such as:

**SURGERY:** Options consist of a mastectomy, in which the entire breast is removed, or breast-conserving surgery, also called a lumpectomy, in which just the tumor is taken out.

**RADIATION THERAPY:** Patients may have treatment with radioactive rays or particles after surgery to help kill off any cancer cells that were missed. If the cancer is inoperable, radiation may be the primary treatment.

**CHEMOTHERAPY:** With this treatment, the patient is given drugs, either orally or by injection, that attack the cancer cells. He may have chemotherapy after surgery to lower the risk of the cancer coming back. For men with advanced cancer or cancer that has spread to other parts of the body, chemotherapy may be the primary treatment.

**HORMONE THERAPY:** Some types of breast cancer need certain hormones to grow. Hormone therapy blocks the effects of those hormones, stopping the growth of the cancer. It's often more successful in men than in women because more men, about 90 percent, have hormone-receptor-positive cancer. For men with advanced cancer, hormone therapy may be the primary treatment.

**TARGETED THERAPY:** Some men have an excess

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of a protein (HER2) that makes cancer spread quickly. Trastuzumab (Herceptin) is one of the drugs that has been approved to treat breast cancer that has spread to other areas of the body. It stops HER2 from making cancer cells grow.

### NEW ATTITUDES, NEW OPTIONS

It used to be that male breast cancer patients were nearly always given a mastectomy. But attitudes toward, and options for, the treatment of breast cancer in men have changed in recent years, noted Richard J. Bleicher, a surgical oncologist and leader of the Breast Cancer Program.

The attitude used to be that there was “no value in saving what little breast a man has,” Bleicher said. “Men would wind up with a scar across the chest.” Recently, however, a trend has developed, at Fox Chase and elsewhere, to conserve the breast in male patients.

Bleicher said that when it comes to caring for breast cancer patients, survival is the primary goal. “Regardless of whether you’re male or female, the number one priority is to get rid of the tumor and maximize survival. Number two is to maximize the cosmetic outcome.”

Bleicher said that for male patients, the survival rates for lumpectomy plus radiation or chemotherapy are on par with those for mastectomy. And for many, the former may be preferable. That’s because, generally speaking, men care about what they look like posttreatment.

“Men do have the desire to have a cosmetically less disruptive outcome,” Bleicher said. “Men care if there’s a cosmetic difference, if the nipple and areola are removed.” Although the breast does not hold the same sexual significance for men that it does for women, “there needs to be a recognition that men are cosmetically aware, in many cases, and they also don’t want disfigurement,” he added.

He minimizes cosmetic deformity in his patients using oncoplastic techniques, surgical approaches that combine advanced plastic surgery with surgical oncology. For instance, if a large lumpectomy is required that will leave the breast distorted, the remaining tissue is sculpted to realign the nipple and areola and restore a natural appearance to the breast. The opposite breast is also modified to create symmetry. In the end, it’s often difficult to tell that the patient ever had surgery.



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risk. “Say we have a BRCA2 family,” she said. “Men are less likely to think it has relevance to them. But men still need to pursue testing”

One question, Daly noted, is how to effectively screen men known to be at risk for breast cancer. Some can undergo mammograms, but not all have enough breast tissue for the procedure to be feasible.

### CATCHING IT EARLY

**A**s with other cancers, early intervention is key when it comes to outcomes for men with breast cancer. For the earliest stages of breast cancer in men, Stages 0 and 1, the five-year survival rate is 100 percent. Five-year survival is 87 percent for men with Stage 2 disease and 75 percent for Stage 3. Stage 4, when the disease has spread to other parts of the body, is 25 percent.

New treatments help many people with breast cancer maintain a good quality of life for some time, even if the cancer is found at a more advanced stage. And it’s important to remember that survival-rate statistics are estimates that do not dictate individual experiences.

Spoltore was fortunate because his cancer was caught early. Nonetheless, if he had it to do again, he would have gone to see a doctor sooner. “I think I was in denial. You don’t hear too much about breast cancer in men,” he said.

“Never assume that a lump is benign,” Bleicher said. “If you have a lump and it persists, get a medical opinion. But don’t just see your doctor—see a breast specialist.” He recommends consulting a specialist with extensive expertise in male breast cancer. Ideally, he said, one should seek care at a National Cancer Institute-designated center like Fox Chase.

“Most breast lumps in men, just like women, end up being benign,” Aggon said. “However, we can never assume. Men and their health care providers need to know that they are at risk for developing breast cancer and they need to be vigilant for new breast symptoms and changes, as these could be symptoms of breast cancer.”

“One should not assume that, ‘I’m a man, I can’t get breast cancer. I’m going to ignore it,’” Bleicher said. Because men do get breast cancer, thousands each year, but the cases are very scattered, so the experience can feel isolating.

Six years ago, after an annual exam discovered a lump in his right breast, 77-year-old Alan Levine underwent a lumpectomy and radiation at Fox Chase. Sometime after, he and his family attended a Susan G. Komen walk to raise breast cancer awareness and money for research. He kept looking around for other men—and not finding them. “I couldn’t find any other man there who had breast cancer,” he said.

Recently, after his annual mammogram revealed cancer on the other side of the same breast, Levine had a mastectomy, followed by chemotherapy. His encounter with breast cancer made an impression on him. “I felt obligated to open up and tell as many people as I could what my experience was,” he said. ♦

### INHERITED RISK

**L**ike female breast cancer patients, men with breast cancer need to think beyond the treatment of their disease. They also need to consider whether their genetic makeup put them—and their families—at risk.

“If someone has male breast cancer, they ought to get genetic testing,” said Elias Obeid, a medical oncologist at Fox Chase who studies breast cancer genetics. “There’s more than a 10 percent chance they have a genetic predisposition.”

The strongest known genetic risk factor for breast cancer in men comes from an inherited mutation in the BRCA2 gene. There’s also a slight correlation with the BRCA1 mutation, as well as with other mutations. For male BRCA2 carriers, the lifetime risk of developing breast cancer is 6 percent to 8 percent, whereas women who carry the mutation run a risk of 50 percent to 85 percent. However, male BRCA2 carriers also run a heightened risk of developing melanoma or prostate or pancreatic cancer.

If a man tests positive for BRCA2, his family should be informed, Obeid said. The man’s sons and daughters, for example, would run a 50 percent chance of inheriting the same mutation, putting them at heightened risk for both breast and ovarian cancer.

Knowledge of the genetics behind breast cancer in men is still developing, said Daly. “We know the most about BRCA2,” she said. “Five years from now, we’ll know a lot more.”

Daly founded the Risk Assessment Program at Fox Chase, which helps individuals and families determine their cancer risk through clinical and genetic evaluation and screening. She sees a difference in how men and women perceive their