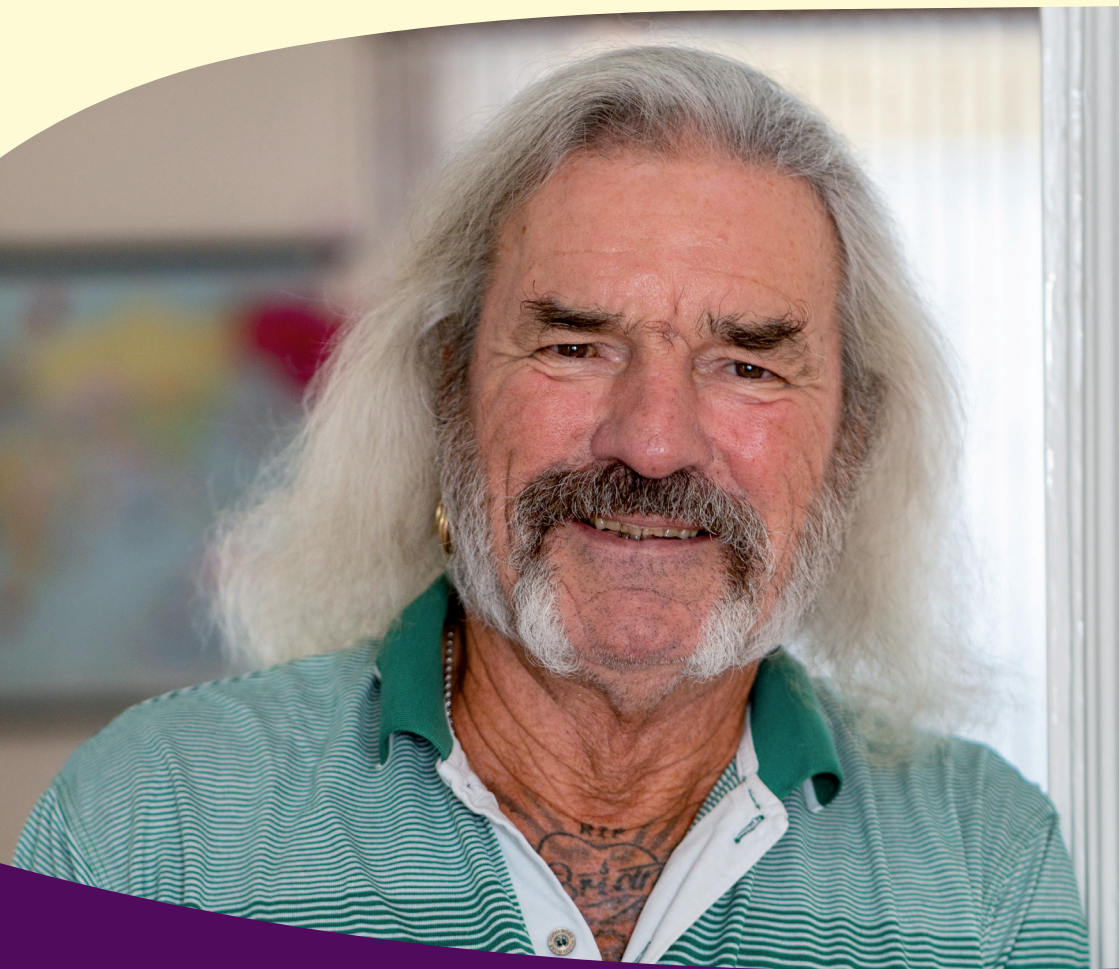


BREAST CANCER IN MEN



**BREAST
CANCER
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support charity

We're here

About this booklet

If you've been told you have breast cancer, you'll probably have lots of questions.

This booklet will help you understand what breast cancer is and what to expect after you're diagnosed. It will guide you through the different treatment options and how to manage any side effects. You'll also find information on living well during and after breast cancer treatment.

Being a man diagnosed with breast cancer can make you feel isolated, but support is available and we're here to help. If you have any questions, or just want to talk, you can call our free helpline on **0808 800 6000** to speak to one of our nurses.

You may also find it helpful to read our booklets **Diagnosed with breast cancer: what now?** and **Treating primary breast cancer**.

About breast cancer in men

Many people don't know that men can get breast cancer because they don't think that men have breasts. But everyone has breast tissue.

Breast cancer starts when cells in the breast tissue begin to divide and grow in an unusual and uncontrolled way.

Around 400 men are diagnosed with breast cancer each year in the UK.

Most men are diagnosed over 60 years old, but younger men can also get breast cancer.

Breast cancer types

There are several different types of breast cancer.

Breast cancer can be diagnosed at different stages, grow at different rates and have different features.

This means the treatment you're offered will depend on your individual situation.

You can read more about the different types and features of breast cancer in our booklet **Understanding your pathology results**.

Primary breast cancer

Primary breast cancer is breast cancer that has not spread beyond the breast or lymph nodes under the arm.

Most breast cancers are invasive. This means that they have the potential to spread to other areas of the body. This does not mean that the cancer has or will spread to another part of the body, just that it's a possibility. Treatments aim to reduce the risk of this happening.

Some primary breast cancers are non-invasive (also called in situ). Non-invasive breast cancer has not yet developed the ability to spread, either within the breast or to another part of the body.

Secondary breast cancer

Secondary or metastatic breast cancer is when breast cancer cells spread from the breast to other parts of the body.

While secondary breast cancer can be treated (see page 5), it cannot be cured.

Family history and genetics

Breast cancer can sometimes be caused by an inherited altered gene. This can also be referred to as a gene change, fault, variant or mutation.

Men with breast cancer are at a higher risk of having an altered gene than women with breast cancer. Because of this, you should be offered genetic testing to find out if you have an inherited altered gene.

If you have an altered gene which puts you at an increased risk, this will mean other members of your family may also be at an increased risk. Talking to your family means they can make choices about assessing and managing their own risk.

Your genetics team can support you. They should provide you with prepared letters you can give to your relatives. The letter will suggest they see their GP to discuss being referred to a genetics centre.

Treating breast cancer in men

You may have one or more of the following treatments:

- Surgery
- Chemotherapy
- Radiotherapy
- Hormone (endocrine) therapy
- Targeted therapy

Your treatment team will explain the reasons for your particular treatment. Do not worry if the treatment you're offered is different from other people you know or meet. Your treatment will be tailored to your individual situation.

Your treatment team will also give you advice about managing side effects of treatment.

The aim of treatment

If the cancer has not spread beyond the breast tissue or the lymph nodes under the arm (primary breast cancer), treatment aims to remove the cancer and reduce the risk of it coming back or spreading to other parts of the body.

If the cancer has spread to another part of the body (secondary breast cancer), treatment can be given to control and slow the spread of the cancer, relieve symptoms and give you the best quality of life for as long as possible.

Surgery

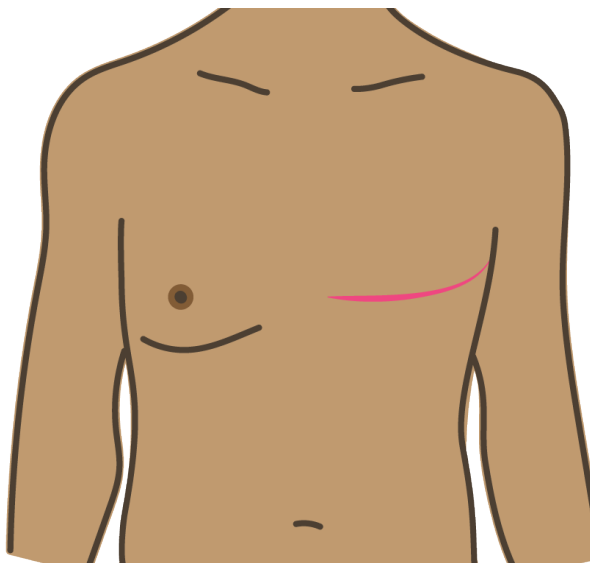
Surgery to remove the cancer is usually the first treatment you'll have.

The amount of breast tissue removed depends on the area affected and the size of the cancer.

There are 2 main types of surgery:

- Mastectomy – removal of all the breast tissue including the nipple and areola (the area of darker skin around the nipple)
- Breast-conserving surgery (also known as wide local excision or lumpectomy) – removal of the cancer with a margin (border) of normal breast tissue around it

Most men do not have much breast tissue, so a mastectomy is the most common surgery for men with breast cancer.



An example of how a mastectomy scar may look

Lymph node removal

If you have invasive breast cancer, your treatment team will want to check if any cancer cells have spread to the lymph nodes under your arm.

Along with other information about your breast cancer, this helps them decide if you'll benefit from any other treatment after surgery.

Sentinel lymph node biopsy

You may have a sentinel lymph node biopsy.

The sentinel lymph node is the first lymph node cancer cells are likely to spread to. There may be more than 1 sentinel lymph node.

The procedure is usually done at the same time as your cancer surgery but may be done before.

If the results show the sentinel lymph node is clear of cancer cells, the other nodes are usually clear too, and no more will need to be removed.

If the results show the first node or nodes contain cancer cells, you may be offered more surgery or radiotherapy to the remaining lymph nodes.

Sentinel lymph node biopsy is often done if tests before your surgery show no evidence the lymph nodes contain cancer cells.

Lymph node clearance

If tests before your operation show your lymph nodes contain cancer cells, your surgeon will probably recommend a lymph node clearance.

This is when all the lymph nodes under the arm are removed.

For more information on surgery, see our booklet on

Treating primary breast cancer.

Breast reconstruction

Breast reconstruction is not usually offered to men but this may depend on your individual situation.

You can talk to your treatment team to find out what options are suitable to improve the appearance and evenness of your chest after surgery.

You may be able to have surgery to improve the symmetry of the chest. This can sometimes be done at the same time as surgery to remove the cancer or it may be offered at a later date.

Your breast care nurse or surgeon can explain which procedures may be suitable for you. They can also discuss options for nipple tattooing or nipple reconstruction with you.

Chemotherapy

Chemotherapy destroys cancer cells by affecting their ability to divide and grow.

You might have chemotherapy:

- After surgery to reduce the risk of cancer coming back (adjuvant chemotherapy)
- Before surgery to slow the growth of rapidly growing breast cancer, or to shrink a larger breast cancer (primary or neo-adjuvant chemotherapy)

If you have secondary breast cancer, chemotherapy aims to slow down and control the growth of the cancer and to relieve symptoms.

Different types of chemotherapy drugs are used to treat breast cancer. They can be given in different ways and in different combinations.

The benefit of chemotherapy might be clear for some people but less clear in other cases. Your treatment team may suggest a test to help decide whether you would benefit from chemotherapy.

Find out more in our **Chemotherapy for breast cancer** booklet.

Radiotherapy

Radiotherapy uses high-energy x-rays to destroy cancer cells.

If you have breast-conserving surgery, you will usually be offered radiotherapy to the remaining breast tissue to reduce the risk of the cancer coming back in the same breast. You may also have radiotherapy to the lymph nodes under the arm or above the collarbone.

Radiotherapy is sometimes given to the chest wall after a mastectomy, for example if cancer cells have spread to the lymph nodes under the arm.

Find out more in our **Radiotherapy for primary breast cancer** booklet.

Hormone (endocrine) therapy

Some breast cancers use oestrogen in the body to help them to grow. These are known as oestrogen receptor positive or ER-positive breast cancers.

All men have small amounts of oestrogen.

Most breast cancers in men are ER-positive.

Hormone therapies block or stop the effect of oestrogen on breast cancer cells. Different hormone therapy drugs do this in different ways.

You will only be prescribed hormone therapy if your breast cancer is ER-positive.

Find more information about ER-positive breast cancer and hormone therapy in our **Treating primary breast cancer** booklet.

Tamoxifen

The most common hormone therapy drug used to treat breast cancer in men is tamoxifen. You usually take tamoxifen as a tablet every day for at least 5 years.

Tamoxifen can cause side effects, which may include hot flushes and loss of sex drive (libido). Speak to your breast care nurse, treatment team or GP if you're struggling with side effects.

Some men may be unsure about taking tamoxifen because there are not many research studies about using this drug in men. This is because breast cancer in men is rare. But research shows tamoxifen is beneficial for men with ER-positive breast cancer. Speak to your treatment team if you're unsure about taking tamoxifen.

If you cannot take tamoxifen, occasionally your treatment team may discuss prescribing a drug called an aromatase inhibitor in combination with another hormone treatment called goserelin. This may be the case if you've had blood clots in the past or are at risk of developing them.

Targeted therapies

Targeted therapy is the name given to a group of drugs that block the growth and spread of cancer. They target and interfere with processes in the cells that help cancer grow.

The most widely used targeted therapies are for HER2-positive breast cancer. HER2 is a protein that makes cancer cells grow.

Breast cancer in men is less likely to be HER2-positive. However, if your cancer is HER2-positive you may be offered drugs such as trastuzumab and pertuzumab.

Research on these drugs has so far only included women, so we don't fully know all the benefits of targeted therapies for men. But your treatment team will make treatment decisions based on the data available and according to your individual situation.

Find more information about targeted therapies in our **Treating primary breast cancer** booklet.

Side effects of treatment

All treatments for breast cancer can cause side effects. Everyone reacts differently to treatment and some people have more side effects than others. Most side effects can be managed and won't affect everyone.

We haven't listed all the possible side effects of treatment here, but you can get more information by searching individual breast cancer treatments on breastcancer.org

If you have any questions about side effects, you can also talk to your breast care nurse or treatment team.

Changes to your body

Breast cancer and its treatments can cause changes to your body and the way you look. For example, the shape of your chest may be different after surgery or you may have lost hair from chemotherapy and radiotherapy.

The first few times you look at your body after the operation may be difficult and you may feel unhappy or shocked. However, the initial intense feelings you may have should lessen over time as you get more used to how you look.

You might feel self-conscious about your chest, and the changes to your body may affect your confidence and self-esteem.

If you continue to feel uncomfortable about looking at your body, you may find it helpful to speak to your breast care nurse, treatment team or GP. They may be able to refer you for further support or counselling.

Sex and intimacy

Being diagnosed with breast cancer can affect how you feel about sex and intimacy.

Treatments for breast cancer can also have physical and emotional effects that can affect sex and sex drive.

If you're taking tamoxifen, you may have loss of sex drive or difficulty getting an erection, and orgasms may feel different or less intense. This usually improves over time.

Treatment and support are available. It might help to:

- Speak to your breast care nurse or treatment team about treatments that may help
- Try other ways of being intimate with a partner
- Talk openly with your partner
- Use aids like vacuum pumps to help get an erection
- Try sex therapy or couples therapy

You can find more information on treating erection problems on the NHS website ([nhs.uk](https://www.nhs.uk)).

Prostate Cancer UK ([prostatecanceruk.org](https://www.prostatecanceruk.org)) also has information on erection problems and other changes to your sex life caused by hormone therapy, which you can search for on their website.

Fertility

Chemotherapy can affect sperm production, which can lead to temporary or permanent infertility in men.

Your treatment team should tell you if the treatment they're offering will affect your fertility.

If you're concerned about infertility, talk to your breast care nurse or treatment team before beginning treatment.

Some men may want to bank their sperm before they start treatment. Sperm banking is a way of storing some of your sperm in a fertility preservation clinic. When you want to have a baby, it can then be used to fertilise your partner's or donor eggs.

There's more information about sperm banking on the Cancer Research UK (cancerresearchuk.org) and Human Fertilisation and Embryology Authority (hfea.gov.uk) websites.

Lymphoedema

Lymphoedema is swelling of the arm, hand or chest area caused by a build-up of fluid in the surface tissues of the body. This can be caused by damage to the lymphatic system, for example because of surgery or radiotherapy to the lymph nodes under the arm and surrounding area.

The lymphatic system is the drainage and filtering system of the body. It's made up of lymph nodes, vessels and fluid. The lymph nodes under your arm filter lymph fluid from the breast and arm.

Our **Reducing your risk of lymphoedema** booklet has more information and tips to help.

Extreme tiredness (fatigue)

Fatigue is extreme tiredness and exhaustion that does not go away with rest or sleep. It can affect you physically and emotionally.

It's a common side effect of breast cancer treatment and may last for weeks or months after your treatment has finished. Occasionally, fatigue can be more long term.

Fatigue can also be caused by conditions such as anaemia (not enough red blood cells). It's important to let your treatment team know if you're affected by fatigue to rule out other conditions.

Fatigue affects people in different ways and there are different ways of coping with and managing it. Your breast care nurse, treatment team or GP may be able to help you with this. You can find more information on our website or by calling our helpline on **0808 800 6000**.

Macmillan Cancer Support also produces a booklet called *Coping with fatigue* that you can find at macmillan.org.uk

Blood clots

People with breast cancer have a higher risk of blood clots such as a DVT (deep vein thrombosis).

If you have a DVT, there's a risk part of the blood clot could break away and travel to the lung. This is known as a pulmonary embolism (PE).

Blood clots can be life-threatening and they should be treated quickly.

Contact your treatment team or go to your local A&E department straight away if you have any of the following symptoms:

- Pain, redness/discolouration of the skin, heat and swelling of the arm or leg
- Swelling, redness or tenderness where a central line is inserted to give chemotherapy, for example in the arm, chest area or up into the neck
- Shortness of breath
- Pain or tightness in the chest
- Unexplained cough or coughing up blood

Emotional wellbeing and practical support

Your emotions

Being diagnosed with cancer and going through treatment can feel overwhelming and stressful.

It may feel especially difficult to cope emotionally with a diagnosis of breast cancer as it's rare in men.

It's common to feel isolated or alone when you're diagnosed.

You may have lots of questions about what will happen or you may not feel comfortable talking about your emotions.

If you're struggling emotionally, speak to your breast care nurse or treatment team. They can refer you for counselling or talking therapies, or let you know about local support groups. Find out more about accessing support on our website at breastcancer.org/breast-cancer-men

Telling friends and family

Some men may feel embarrassed to talk about their breast cancer.

Talking openly about your breast cancer may make it easier for people to support you and help you adjust to your diagnosis. Who you tell and how you tell them is up to you.

Some people may find it difficult to know what to say to you. Telling people about your diagnosis and what treatment you have been offered can be a good way to begin, and may lead naturally to talking about how you're feeling.

Talking to children

Deciding when and what to tell your children can be difficult.

You know your children better than anyone else. Although you might want to protect them from knowing about your diagnosis, being open and honest with them can make them feel less frightened, even if they do not fully understand.

Your children may sense that something's not right, and they might feel stressed and worried. Keeping secrets is also tiring for you and can be difficult to keep up with. And there's a risk that if you do not tell them, they'll find out another way.

The following organisations have information and resources to help with talking to children of different ages about cancer:

- The Fruitfly Collective (fruitflycollective.com)
- Macmillan Cancer Support (macmillan.org.uk)
- Maggie's (maggies.org)

You can speak to your breast care nurse or treatment team for more support around talking to your children. Or you can call our helpline on **0808 800 6000**.

Talking to other men with breast cancer

It can be helpful to talk to other men who have had a similar experience to you.

If you've had a primary breast cancer diagnosis, our Someone Like Me service can put you in touch with a trained volunteer who's had a similar experience to you. They can talk to you by phone or email, listen to your concerns and provide support.

The Men's Virtual Meet Up is an online support group for men who've had breast cancer. It's a safe space for men to connect and chat, as well as have serious conversations about their breast cancer experiences. The group meets once a month.

You can find out more about how to join at themensvmu.org

Diet and breast cancer

Knowing what to eat during and after treatment for breast cancer can be difficult. You may have a loss or increase of appetite, you may put on or lose weight, and food and drink might taste different to usual.

Breast cancer treatments can have a range of side effects, some of which may affect what you want to eat and drink. Your usual routine may be disrupted, which can affect your eating pattern.

Going through a stressful and anxious time may also affect your appetite, causing you to eat more or less than normal.

Find more information on healthy eating during and after breast cancer treatment in our **Diet and breast cancer** booklet.

Physical activity and exercise

Being active has many benefits.

Regular exercise and physical activity can help maintain or improve your physical and mental health during and after treatment for breast cancer.

It can also:

- Help avoid or reduce some side effects of cancer treatment, such as fatigue, weight gain and lymphoedema
- Help your mental wellbeing by reducing anxiety, stress, depression and improving your mood and sleep

Physical activity may also reduce the risk of the cancer coming back (recurrence).

If you have surgery as part of your treatment, our **Exercises after breast cancer surgery** leaflet has information on shoulder and arm exercises that can help you regain the movement and function you had before your operation.

Work and finances

People often worry about the impact their breast cancer diagnosis may have on their work and financial situation.

Some people continue to work during and after treatment, sometimes with reduced hours, while others give up work temporarily or permanently.

For some people, work can provide normality, while others decide to concentrate on treatment and recovery.

Speak to your treatment team about how your diagnosis and treatment may affect your daily life.

Anyone who has or has had breast cancer is classed as disabled. This means you are protected against discrimination at work and during the recruitment process.

You might be entitled to certain benefits or other financial help.

You can contact Macmillan Cancer Support to speak to a trained advisor about finances, welfare rights and energy bills. Find out more at macmillan.org.uk

Some hospitals also have welfare and benefits advisors you can speak to. Ask your treatment team about your options.

When treatment finishes

Follow-up after treatment

At the end of your hospital-based treatment, you will continue to be monitored. This is called follow-up.

People are followed up in different ways. How you're followed up after treatment will depend on:

- How likely you are to have side effects from treatment
- The risk of your cancer coming back
- Arrangements at the hospital where you've been treated

Some men may be advised to have regular mammograms, which are a type of x-ray that can look for breast changes.

You should be given a name and contact number to call (usually the breast care nurse) if you have any questions or concerns between appointments. You can always talk to your GP about any concerns you have as well.

For more information about follow-up, see our booklet

After breast cancer treatment: what now?

Worries about the cancer coming back

Most people worry about breast cancer coming back. These worries are normal, and the fear and anxiety usually reduce with time.

While most people have no further problems, sometimes breast cancer can return after treatment.

Recurrence

If breast cancer does come back, it's called recurrence.

It's important to know what signs and symptoms to look out for.

Symptoms of recurrence

Be aware of any changes to either side of your chest, such as:

- Swelling on your chest, in your armpit or around your collarbone
- A change in shape or size of your remaining breast tissue or mastectomy scar
- A change in skin texture, such as puckering or dimpling
- Redness or a rash on or around the nipple or on the skin
- Liquid (discharge) that comes from the nipple without squeezing it
- The nipple becoming inverted (pulled in) or looking different, for example changes in its position or shape
- Swelling in the arm or hand
- A lump or thickening that feels different (on your treated side this could be on or away from the scar line)

Symptoms elsewhere in the body

Sometimes breast cancer cells can spread from the breast to other parts of the body. This is known as secondary breast cancer.

Some symptoms to be aware of include:

- Unexpected weight loss and a loss of appetite
- Severe or ongoing headaches
- A dry cough or feeling of breathlessness
- Feeling much more tired than usual
- Pain in your bones, for example in the back, hips or ribs, that does not get better with pain relief and may be worse at night

Many signs and symptoms of secondary breast cancer can also be due to other causes, like getting older, changes to your level of fitness, side effects of treatment, and cold or flu.

But if you notice anything new or unusual without an obvious cause and it does not go away, tell your treatment team or GP.

Moving Forward

Many people are surprised at how emotional they feel when they finish treatment. You might still need information and support to help you during this time.

Our Moving Forward course can help. Through supportive, open conversations in a safe, confidential space, you'll connect with people who understand. And you'll find the tools you need to feel more empowered, confident and in control.

You can attend Moving Forward either face-to-face or online.

Find out more about how to join a course at
breastcancer.org/moving-forward

You can also order our **Moving Forward** booklet which looks at the subjects covered by the course.

Further support

There are lots of different ways to get the support you need.

Helpline

If you want more information or just want to talk things through, our nurses are ready to listen on our free helpline.

Call **0808 800 6000** (Monday to Friday 9am–4pm and Saturday 9am–1pm). You can also email **nurse@breastcancer.org**

Forum

Our online discussion forum has a confidential area where you can share tips and information, and talk about what's on your mind, with other men who really get it. Visit **breastcancer.org/forum**

Someone Like Me

If you have been diagnosed with primary breast cancer, we can match you with another man who's been in a similar position. They'll be a phone call or email away to answer your questions, offer support or simply listen. Call our Someone Like Me service on **0800 138 6551**.

Trusted information

Find trusted information to help you understand your situation and take control of your diagnosis, and order booklets, at **breastcancer.org/publications**

Useful organisations

Cancer Research UK

- cancerresearchuk.org
- Information and support about all aspects of living with cancer

Fruitfly Collective

- fruitflycollective.com
- Resources, kits and ideas to help parents and carers talk to children and young people about cancer

Human Fertilisation and Embryology Authority

- hfea.gov.uk
- The UK's fertility regulator, providing impartial and accurate advice about IVF, clinics and other fertility treatments

Macmillan Cancer Support

- macmillan.org.uk
- Helpline: 0808 808 0000
- A wide range of support including information, support centres, online communities and a benefits advice line

Maggie's

- maggies.org
- Individual confidential advice through nurses and advisors based at local Maggie's centres, as well as information and support groups for people affected by cancer and their families

The Men's Virtual Meet Up

- themensvmu.org
- Online support group for men affected by breast cancer

We're Breast Cancer Now, the research and support charity. However you're experiencing breast cancer, we're here.

Life-changing support

Whoever you are, and whatever your experience of breast cancer, our free services are here. Whether you're worried about breast cancer, dealing with a diagnosis, working out life with or beyond treatment – or someone you love is.

World-class research

We support over 290 of the brightest minds in breast cancer research. They're discovering how to prevent breast cancer, live well with the disease, and save lives. Every day, they get closer to the next breakthrough.

Change-making campaigns

We fight for the best possible treatment, services and care for everyone affected by breast cancer, alongside thousands of dedicated campaigners.

Could you help?

We don't get any government or NHS funding for our support services or health information. So, we rely on donations and gifts in wills to make our vital work happen. If you'd like to support us, go to breastcancer.org/give

ABOUT THIS BOOKLET

Breast cancer in men was written by Breast Cancer Now's clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.



For a full list of the sources we used to research it:
Email health-info@breastcancer.org



You can order or download more copies from
breastcancer.org/publications



We welcome your feedback on this publication: health-info@breastcancer.org



For a large print, Braille or audio CD version:
Email health-info@breastcancer.org

Medical disclaimer

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We're here

Information you can trust, support you can count on

Whatever breast cancer brings, we're here for you.

Whether you're looking for information about breast cancer or want to speak to someone who understands, you can rely on us.

Call **0808 800 6000** to talk things through with our helpline nurses.

Visit **breastcancer.org** for reliable breast cancer information.

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Patient Information Forum

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