

# Breast cancer in men

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“ I had quite a few men say to me ‘that’s a woman’s disease’ and I had to say, no it’s not, you could get it too. ”

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# DO MEN GET BREAST CANCER?

Many people do not realise that men can develop breast cancer. Both men and women have breast tissue. Men have much less breast tissue than women. Most of the breast tissue in men is located behind the nipple. Breast cancer is uncommon in men, accounting for less than 1% of all breast cancers.

## What is breast cancer in men?

Breast cancer in men is the same disease as that which affects women. Male breast cancer can be early or advanced at diagnosis. **Early breast cancer** is cancer that is contained in the breast and may or may not have spread to the lymph nodes in the breast or armpit. Some cancer cells may have spread outside the breast and armpit area but cannot be detected. We do not know exactly how long breast cancer takes to develop, but it usually grows slowly. It can be several years before a lump or thickening can be felt, although there can be other symptoms of breast cancer. *For more information see Signs and Symptoms on page 4.*

**Advanced or metastatic breast cancer** is cancer that has spread outside the breast area to other parts of the body.

The types of breast cancer found in men are similar to those found in women. The most common breast cancer found in men is **invasive ductal carcinoma**. This cancer typically presents as a lump. It results from abnormal growth of the cells that line the ducts of the breast.

**Paget's disease of the nipple** is a type of breast cancer that usually appears as a scaly red rash affecting the nipple and areola (the area around the nipple). Paget's disease of the nipple is a rare form of breast cancer that begins in the ducts and spreads to the skin of the nipple and areola.

**Inflammatory breast cancer** is a type of breast cancer that causes the breast to appear swollen hot and red. Inflammatory breast cancer is rare in both men and women; however it tends to grow more quickly than other types of breast cancer.

Pre-invasive breast cancer is the name for abnormal cells or cancer cells that stay inside the ducts or lobules of the breast. **Ductal carcinoma in situ (DCIS)** and **lobular carcinoma in situ (LCIS)** are two types of pre-invasive breast cancer. DCIS and LCIS do not usually present as a lump but are usually detected during investigations for other breast disorders.

## Other male breast disorders

**Gynaecomastia** is the most common breast disorder in men. It is a non-cancerous enlargement of the breast. In its early stages gynaecomastia can appear as a firm lump under one or both nipples. It is a result of an imbalance in the male and female hormones in the body. Male and female hormones occur naturally in both men and women. Causes of gynaecomastia can include puberty, genetic disorders, chronic liver disease, side effects of medications, Klinefelter's syndrome, testicular abnormality or injury, steroid use and old age. *For more information on Klinefelter's syndrome see page 3.*

There is no clear evidence that gynaecomastia is a risk factor for male breast cancer. Some men with gynaecomastia may develop breast cancer whereas others may not. *For more information on risk factors for male breast cancer see page 3.*

# WHAT CAUSES BREAST CANCER IN MEN?

It is not possible to say exactly what causes breast cancer in men. However, research has shown that there are some things that increase a man's chance of developing breast cancer. These are called 'risk factors'. Having one or more **risk factors** does not mean that you will definitely develop breast cancer, but it might increase your chance of developing breast cancer. Some men with one or more risk factors might never develop breast cancer.

## The most common risk factors are:

- getting older
- having a strong family history of female or male breast cancer or ovarian cancer.

### Getting older

In Australia in 2001, a total of 95 men were diagnosed with breast cancer. The incidence of breast cancer in men, increases with age. However men of all ages can be affected. Breast cancer in men occurs more commonly in those aged 50 years and older.

### Family history

Having a family history of female or male breast or ovarian cancer on either side of the family can increase your risk of developing breast cancer. You may have inherited a fault in a gene which could eventually lead to the development of breast cancer. A family history of breast cancer does not affect age of diagnosis of breast cancer in men, the stage of the disease when diagnosed, or overall survival.

### Family history becomes more important in increasing your risk of breast cancer:

- the more blood relatives you have on one side of the family who have had breast cancer or ovarian cancer; the family history may be on your mothers' side or fathers' side of the family
- the younger these relatives were when they were first diagnosed with breast cancer
- the more closely related these relatives are to you.

Most men who develop breast cancer do not have a strong family history of the disease. *If you are concerned about your risk based on family history see your GP.*

## Less common factors that may increase risk include:

- high oestrogen levels
- Klinefelter's syndrome
- some testicular disorders
- radiation exposure.

### High oestrogen levels

Men with higher than normal levels of the female hormone oestrogen may have a greater risk of developing breast cancer. High oestrogen levels are associated with:

- obesity
- long-term liver conditions, such as cirrhosis
- some genetic conditions.

### Klinefelter's syndrome

Klinefelter's syndrome is a rare condition affecting 1 in 500 to 1 in 1000 men. Men with Klinefelter's syndrome have two X (female) chromosomes and one Y (male) chromosome (XXY) instead of a single X and single Y chromosome (XY). Symptoms of Klinefelter's syndrome include longer legs, a higher voice, a thinner than average beard, smaller than normal testicles, and the inability to produce sperm (infertility). Men with this syndrome also have lower levels of male hormones and higher levels of female hormones. Men with Klinefelter's syndrome have a greater risk of developing breast cancer.

Some studies suggest there is a link between the risk of male breast cancer and the following:

### Some testicular disorders

Testicular disorders, including testicular infection (orchitis), testicular injury or undescended testis, may be associated with increased breast cancer risk in men.

### Radiation exposure

Men who have been exposed to radiotherapy repeatedly over a long period of time, usually for treatment of a cancer inside the chest such as Hodgkin's or non-Hodgkin's lymphoma may have an increased risk of developing breast cancer.

# SIGNS AND SYMPTOMS

It is important to see a doctor as soon as possible if you notice any new or unusual breast changes. If the changes are due to cancer, finding it early will mean a better chance of effective treatment.

The most common symptom of breast cancer in men is a painless lump in the breast close to the nipple. Other possible symptoms include:

- a discharge from the nipple
- a change in the shape or appearance of the nipple
- a change in the shape or appearance of the breast, such as swelling or dimpling
- pain
- swollen lymph nodes (glands) under the arm.

It is important to see a doctor as soon as possible if you notice any new or unusual breast changes. If the changes are due to cancer, finding it early will mean a better chance of effective treatment.

*“Cancer is not a death sentence. The trick with cancer is to find it early.”*

# INVESTIGATING BREAST CHANGES

The tests used to investigate breast changes in men are the same as those used for women. It is recommended that doctors use the approach called the ‘triple test’ to find the cause of a breast change. However not all men will need all of these tests.

## **The triple test includes:**

- clinical breast examination and taking a personal history
- imaging tests i.e. mammography and/or ultrasound
- non-surgical biopsy i.e. a fine needle aspiration and/or core biopsy.

A clinical breast examination, involves checking both breasts and feeling the lymph nodes under the armpits.

Imaging tests involve an X-ray of the breast, called a mammogram, or a scan that uses sound waves to produce an image of the breast, called an ultrasound.

If you have a lump or lumpiness, or if the imaging test shows an abnormal area, you may have a biopsy. This involves taking a sample of cells or tissue from the breast and examining them under a microscope. This can be done using one of three techniques: fine needle aspiration, a core biopsy or less commonly a surgical biopsy.

# DIAGNOSIS

Breast cancer in men can be treated successfully. The majority of men diagnosed and treated for early breast cancer will not die from the disease. The prognosis for men with breast cancer is similar to that for women at the same age and stage of the cancer. The stage of the cancer describes the size of the tumour and extent of spread. *For more information on stages in breast cancer see [www.breasthealth.com.au/diagnosis/whattestsmean.html](http://www.breasthealth.com.au/diagnosis/whattestsmean.html)*

## Your feelings at diagnosis

When your doctor first says the word 'cancer', it is usually a great shock for you and your family. You might feel overwhelmed, angry, scared, anxious, upset or confused as you may have thought that breast cancer is a disease that only affects women. You may feel that you have lost control of your life and unsure about what is going to happen next. The feeling of loss of control can be threatening and frightening. These are all very normal responses to being diagnosed with cancer.

During the first week or two after your diagnosis, you will probably be asked to make decisions about treatment. At this time you might still be feeling shocked and confused, so you might find it helpful to talk about your treatment options with your doctors, family, and friends. Seek as much information as you feel you need. *For more information about living with breast cancer see page 13.*

You may need to visit your doctor several times to ask questions. Taking a friend or family member to your appointments might help you to remember more clearly what the doctor has said. Keeping a record of questions and answers and of your test results and treatment reports is very helpful. Finding out about the cancer and its treatment can help you feel in control and more confident about the future.

You might also find it helpful to talk with your doctors about how you are feeling. Sharing your feelings with others, even painful feelings, can help you cope with your diagnosis of breast cancer. You can also ask your doctor to refer you to a breast care nurse or counselling specialist, such as a psychologist or psychiatrist. These health professionals have training and specialised skills in listening and helping people adjust to both the diagnosis and treatment of cancer.

*"When I found out I had breast cancer I felt confused... I didn't know that men got it...I couldn't believe it."*

*"The one thing I wanted to know when I got diagnosed was 'what do I wear after the operation'" I know it sounds funny, but I had no idea and it was something that I needed to know."*

***"When I first got told I had cancer, I was glad I had my wife there, because I got a mental block and couldn't remember anything the doctor said."***

# TREATMENT OPTIONS?

The aim of treatment for breast cancer is to remove the cancer from the breast and armpit area and to destroy any cancer cells that may have spread to other parts of the body but cannot be detected. Treatment will usually include surgery and may include radiotherapy, chemotherapy or hormonal therapy.

## Who is involved in your treatment?

Your treatment for cancer will require you to meet a number of doctors and other health professionals from different fields of medicine. They may include some of the following:

- a **surgeon**, who does breast surgery
- a **medical oncologist**, is a doctor who specialises in chemotherapy and hormonal therapy, as well as management of pain and other symptoms
- a **radiation oncologist**, is a doctor who specialises in radiotherapy management
- a **radiation therapist**, who is trained to deliver the radiotherapy prescribed by the radiation oncologist
- a **breast care nurse**, who specialises in caring for people after a breast cancer diagnosis and can provide information and support during treatment and recovery
- an **oncology nurse**, who specialises in administering chemotherapy and assists with radiotherapy
- a **general practitioner**
- a **palliative care consultant, palliative care nurse and palliative care volunteers** who specialise in providing support and symptom relief
- a **counsellor, psychologist or psychiatrist**, who specialises in providing support. They are also trained in treating anxiety and depression, and helping cope with pain
- a **social worker**, who specialises in providing support and helping organise practical and financial assistance
- a **family cancer specialist**, who can advise about genetic testing and cancer risk for your relatives (if you have a strong family history).
- a **dietitian**, who specialises in providing information about diet
- an **occupational therapist**, who specialises in providing practical assistance

- a **physiotherapist**, who specialises in pain management and providing exercise programs
- a **pastoral care/religious representative**, who offers emotional and spiritual support (most hospitals have a Chaplaincy service).

Many patients find the large range of specialists to whom they may be referred confusing. Ask the members of your treatment team about their role in your care. You can also ensure that there is open communication between the members of your treatment team by asking them to send your medical information to relevant clinicians in your treatment team, including your general practitioner. At different times in the treatment of the cancer, different treatment team members may be the main co-ordinator of your care. This person may be your general practitioner, surgeon or oncologist or another member of your treatment team. This role will change over time, so it is important to ask, if you are unsure, about who to contact regarding any concerns.

If you live outside a major city, your general practitioner or surgeon may discuss your treatment on your behalf with a medical or radiation oncologist to avoid unnecessary travel. You may meet the oncologist if your region provides an outreach service. Travel to a major centre will be necessary for radiotherapy. Chemotherapy can commonly be provided where you live.

## Useful questions

Below are some questions that you might find useful to ask your treatment team in order to establish the role of each member involved in your care:

- Who shall I call if I have a problem?
- Who should I contact out of regular hours if needed?
- Who will regularly review my health and any symptoms I have, such as pain?
- How often will I need to have follow-up?
- Does information about test results and treatment go to all treatment team members?
- Do my treatment team members regularly meet or discuss my progress via telephone calls or letters?
- Who can organise financial and practical support, should I need them?
- Who can advise me on practical issues related to sick leave etc. ?

## Feeling comfortable with your treatment team

It is important that you feel comfortable with your treatment team and that you are getting the information and support you need. It may take some time to establish a good relationship with your treatment team members, and for them to understand your needs. It is important to let your treatment team know of any particular concerns and priorities.

## Obtaining a second opinion

You have the right to get a second opinion at any time. Having a second opinion can help clear up any questions, can help you decide which doctor you prefer to manage your treatment, and help you decide which course of treatment to follow.

## Surgery

The most common surgery for men with breast cancer is mastectomy. This involves a removal of the whole breast, including the nipple and areola (the darker area of skin around the nipple). Sometimes part of the muscle under the breast is also removed. One or more of the lymph nodes under the arm will usually be removed and examined. This helps the doctors find out whether the cancer has spread outside the breast and helps in determining treatment options. Sentinel node biopsy is a new surgical procedure, still being tested in clinical trials. It's thought that sentinel node biopsy might have fewer side effects than the standard surgery to remove lymph nodes (axillary node dissection or axillary clearance). *For more information about sentinel node biopsy see [www.breasthealth.com.au/treatment/biopsy.html](http://www.breasthealth.com.au/treatment/biopsy.html)*

Figure 1: Male mastectomy

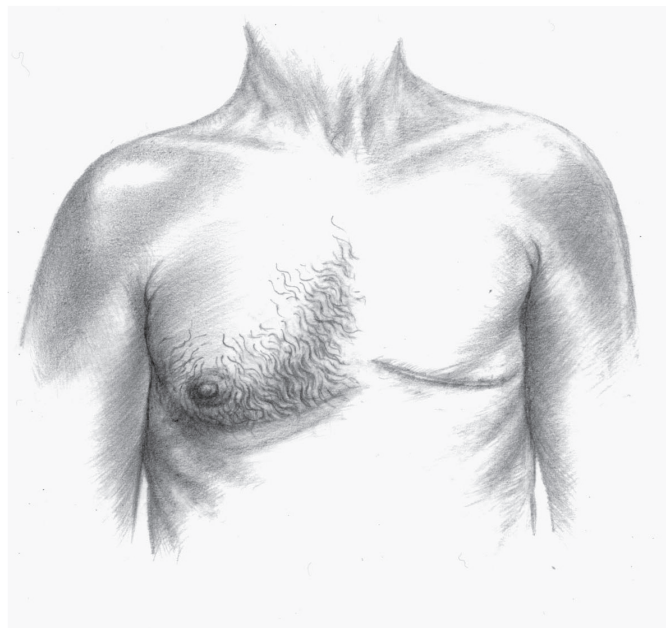


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### After surgery

Your hospital stay may vary from 1 to 5 days. How long you stay in hospital will depend on the type of surgery and your progress – each man is different in how long he takes to recover from a mastectomy.

You can expect the following after a mastectomy:

- you may have some pain, discomfort, or numbness in your chest and armpit while the wound is healing
- you will have a scar across the affected side of your chest; the appearance of the scar will improve with healing over time
- if lymph nodes have been removed, you will usually have one or more drains (plastic tubes) from the chest and/or underarm to remove blood and lymph fluid that collects during the healing process; these are usually removed a few days after surgery
- you may have some stiffness in your shoulder; it is important to talk with your doctor or breast care nurse about ways to reduce this; physiotherapy can be helpful.

If you are worried about any aspects of treatment or side effects talk to your doctor.

### Radiotherapy

Radiotherapy is sometimes recommended after mastectomy. The main aim of radiotherapy is to destroy any breast cancer cells that may be left in the breast tissue on your chest (after mastectomy). Talk to your doctor about whether radiotherapy may benefit you.

Radiotherapy uses X-rays (controlled doses of radiation) to destroy cancer cells. Radiotherapy is a 'localised' treatment, which means it treats only the area of your body it is aimed at. Occasionally radiotherapy is also used to treat the lymph nodes in the armpit and/or lower neck.

Usually you will start radiotherapy 3–6 weeks after surgery. Once you start treatment, you will usually have radiotherapy once a day, 5 days a week, for 5–6 weeks. Radiotherapy is given in this way in order to minimise side effects.

**“ Radiotherapy wasn't too much of a problem. We were all down there at the clinic, all got cancer, all going in for treatment and a few of us there started to make everyone laugh. It was good. ”**

### Side effects of radiotherapy

Receiving radiotherapy is painless. However, you may find that you have some discomfort or pain afterwards. Some of the most common side effects during or after radiotherapy include:

- the skin on and around the treated area can become red and dry, much like sunburn
- skin starting to look darker than usual
- feeling more tired than usual.

These side effects will improve with time. Discuss how to best manage these side effects with your radiotherapy team.

Radiotherapy can cause your skin to become more sensitive during treatment. The following tips will help you look after your skin during your course of radiotherapy:

- where possible keep your skin dry and clean
- after washing gently pat the skin dry
- do not use aftershave or lotions without first checking with your doctor, nurse or radiation therapist
- do not use deodorants, or sunscreen in or around the area that is treated
- wear loose-fitting cotton clothing over the treatment area.

## Chemotherapy

Chemotherapy involves using drugs to kill cancer cells. The aim of chemotherapy is to destroy any cancer cells that may have spread outside the breast and armpit but can not be detected. Different types of chemotherapy drugs may be used to treat breast cancer. The side effects will depend on which drugs and drug combinations are used. Chemotherapy can be used on its own or in combination with surgery or radiotherapy. Chemotherapy is given by mouth using tablets or by injection – most commonly into a vein in the arm through the use of an intravenous drip. Treatment is in cycles, usually lasting for several weeks or months. You have treatment then a period of rest before the next treatment, and then the cycle is repeated.

### Side effects of chemotherapy

In addition to destroying cancer cells, chemotherapy can also damage some normal cells, especially those which normally divide more rapidly and have a high turnover. Cells with a high turnover are those lining the mouth, stomach and bowel, as well as cells in skin, hair and bone marrow. If these normal cells are damaged from chemotherapy, you might experience side-effects such as nausea, mouth ulcers, skin problems, weight gain or loss, tiredness or hair loss. Exercising, even during treatment, may help you to feel less tired. Gentle exercise, like walking, is ideal, but some men find that more strenuous exercise is helpful too.

Side effects will vary depending on the drug(s) used and individual variation. Modern treatments mean that these symptoms are often not severe, and if they do occur they can be medically treated. Unlike cancer cells, normal cells can repair themselves and recover from the effects of chemotherapy. If you do experience side effects, even if you do not think they are serious, it is important to discuss them with your doctor so that the best possible treatment can be given

*“It’s been two years since I finished chemo treatment and there are still foods that I ate when I was having chemo that I can’t stand the smell of now.”*

“*I’m currently on tamoxifen, no one could tell me if there would be any side effects in men. As yet I’ve only experienced hot flushes, which makes life interesting.*”

## Hormonal therapy

Hormonal therapy may be used in addition to surgery and radiotherapy for treating breast cancer in men. Many breast cancers need hormones called oestrogens to grow. Hormonal therapies work by decreasing the amount of oestrogen in the body or by stopping the cancer cells from getting oestrogen. Hormonal therapies include anti-estrogens (tamoxifen) and aromatase inhibitors.

### Side effects of hormonal therapy

The most common side effects of hormonal therapy for men include:

- hot flushes (sudden feeling of being overheated, accompanied by sweating and redness in the chest, neck and face)
- nausea
- headaches
- decrease in libido/sexual interest.

Blood clots are a rare side effect of hormonal therapy. Talk to your doctors if you have had blood clots before, and ask how to help prevent blood clots. Contact your doctor immediately (or hospital emergency department if your doctor is not available) if you have chest pain, or if you notice any pain, warmth, swelling or tenderness in an arm or leg.

Different drugs affect individual men in different ways. Some men will have more side effects than others while some may not have any at all. Most side effects can be managed. If you experience any new symptoms it is important to talk to your doctor or specialist.

## Other treatments

Herceptin® is a targeted breast cancer therapy currently approved and subsidised for use in Australia in the treatment of patients with advanced breast cancer who are HER-2 positive. 'HER-2 positive' means these patients have a particular protein called 'HER-2' on their cancer cells. The role of Herceptin® in early breast cancer is currently being reviewed.

**“I was constantly asking questions, I wanted to know what they were going to do and why.”**

## Questions to ask your doctor

Below is a list of questions that could help you decide about the treatment of your breast cancer. You may want the answers to some of the questions straight away, while some may become important later on. Some may not matter to you at all. You can either ask these questions directly, or use them as a guide to put together your own questions.

- What treatment would you recommend and why?
- How long will I be in hospital?
- What are the side effects of treatment?
- How much will my treatment cost? Where can I go for financial assistance?
- Will I need to travel for treatment?
- When can I return to work?
- Can I still drive after treatment?
- Can I still play sport after treatment?
- Who can I speak to about sexual concerns?
- Are there any clinical trials suitable for me?
- Will my children be at higher risk of breast cancer?
- Where can my partner and I go for support?
- How should I tell my children?
- Can I seek another medical opinion?

*“I wish I had asked more questions when it first happened, I am asking questions now in hindsight, and I probably would have changed things that I had done.”*

# AFTER TREATMENT

## Follow-up

After treatment, men do not need to have regular imaging, however regular follow-up with your doctor or surgeon is recommended.

For every person, the follow-up treatment will be worked out according to the type of cancer, the treatment you have had and any other medical problems you might have. If you find a breast lump, breast change, or other symptoms, do not wait until the regular appointment – see your GP or specialist as soon as possible.

## Lymphoedema

Lymphoedema is a swelling in an area of the body due to blockage of the lymphatic vessels. It can be very mild or quite severe. Lymphoedema can develop months, or even years, after treatment. Some men develop lymphoedema after surgery to remove lymph nodes and/or radiotherapy to the armpit.

It can develop in the arm (on the same side as the treated armpit), breast, or remaining breast tissue. Symptoms include swelling, tightness in the skin or pain in the arm or chest. These symptoms are not to be confused with angina which is caused by constricted blood flow through the blood vessels of the heart. Symptoms of angina include increase heart rate, shortness of breath, tightness, and pressure in the chest and pain usually down the left side of the body. Tell your doctors promptly about any symptoms that develop after treatment.

If lymphoedema develops, your surgeon can advise you on what can be done to reduce the swelling and avoid infection and may suggest a referral to a physiotherapist or Occupational therapist.

# LIVING WITH BREAST CANCER

The diagnosis and treatment of breast cancer causes changes in your life, and can change how you think and feel about things. These changes and their effects will not be the same for all men.

It's not always easy, but over time, most men do adjust to changes caused by their experience with breast cancer. Over time, most men find they are able to return to doing the things that are important to them.

Some of the feelings experienced by men diagnosed with breast cancer are outlined below. Most men find that, over time, distressing feelings ease. Sharing your thoughts and feelings with others, even painful feelings, can help you cope with your diagnosis. You might find it helpful to talk with one or more of the following: your specialist; breast care nurse; GP; psychiatrist; psychologist; counsellor; or other men who have had breast cancer.

## Anxiety

It is common for men with breast cancer to feel anxious. Anxiety or fear is often felt in distressing situations. You could find yourself feeling anxious while waiting for test results, anxious about your treatment and its effect on you and your family, or anxious about the future. Other symptoms of anxiety include:

- frequently have worrying thoughts that interfere with your daily life or relationships
- feeling tense or irritable and finding it difficult to relax
- having difficulty concentrating and making decisions
- having difficulty sleeping
- feeling that things are just too difficult, or even hopeless at times.

If you have experienced some or all of these symptoms, you could be suffering some anxiety. Talk to your doctor, nurse, or other health care professional as soon as possible.

## Depression

Feelings of sadness or depression are a common reaction to serious illness. A person may be depressed, if for more than two weeks they have felt sad, down or miserable most of the time and have experienced some of the following symptoms:

- loss of interest and pleasure in work or other activities
- feeling a sense of worthlessness
- having negative thoughts like "life's not worth living"
- difficulty sleeping
- withdrawing from close family or friends
- feeling less motivated to organise activities or be involved in the regular daily activities
- feeling irritable, frustrated, guilty or unhappy.

*“I was very open about having breast cancer right from the start, and that helped me deal with it.”*

If you have experienced some or all of these symptoms, you may be experiencing some depression. Talk to your doctor, nurse, or another health care professional about how you're feeling. Treatment for depression is available, and can help.

*For more detailed information about depression go to [www.beyondblue.org](http://www.beyondblue.org)*

## Fatigue

Fatigue, or a lack of energy, is a common side effect of breast cancer treatment. You may feel tired or exhausted some or all of the time. Fatigue can affect concentration, and the ability to complete simple everyday tasks, creating feelings of frustration and anger. Rest may not always help; light exercise like going for a walk may improve energy levels.

*“The treatment made me tired and cranky, although my wife reckons I've always been cranky.”*

*“I had a total loss of interest in anything, it really knocked me for six, I felt so lethargic and I didn't feel like eating, I had to push myself to carry on as normal as possible.”*

### Loss of libido/sexual interest

Some men who have been treated for breast cancer find that they lose interest in sex. This may be due to the side effects of treatment, feeling worried or concerns about body image after surgery. Even if it is difficult, try and be open and honest with your partner about your concerns and feelings. Your doctor can give you more information on what's causing any loss in libido you're experiencing. If you do not feel comfortable talking to your doctor you can ask for a referral to a health professional who specialises in this area like an oncology or sexual health counsellor, psychologist or therapist. **For more information and referral options for sexual concerns you can contact the Cancer Helpline on 13 11 20.**

**“ I’ve lost a bit of strength in my arms, and can’t reach as high as I used to, but I still play tennis, still play squash, no worries at all. ”**

### Self esteem/body image

The physical changes resulting from treatment for breast cancer may affect how men feel about themselves and their bodies. Some men feel self-conscious about exposing their chest and mastectomy scar or wearing tight fitting shirts after surgery. It may take time to adjust to the changes.

Breast reconstruction for men is not common. However, breast reconstruction may be possible, talk to your surgeon before surgery to discuss your options. Nipple tattooing is also possible; this gives the effect of a nipple and areola on the chest.

**“I have a big scar across my chest, I think twice about taking my top off in public now.”**

### Impact on your family and friends

Your breast cancer diagnosis and treatment will affect others in your life, such as your partner, your family and close friends. They may feel worried, powerless or not know what to say. They could have similar emotions to you, such as shock, sadness, depression, fear, anxiety and anger. Every person is different and will have his or her own way of coping with your breast cancer. To help you cope with your breast cancer and resolve any problems, good communication between yourself and others is important.

Many hospitals, Cancer Councils, and community organisations provide support groups and information for family and friends. There are also a range of print and online resources that provide practical information for those affected by someone with cancer. **For more information and resources or support groups you can contact the Cancer Helpline on 13 11 20.**

**“The hardest part was telling the family.”**

A diagnosis of breast cancer does not mean your daughter or son will also develop breast cancer. Your doctor will be able to provide you with information about the risk of cancer in your family. You can also ask your doctor to refer you to a specialist family clinic or genetics service.

### Impact on social activity

Having surgery and treatment may affect your ability to participate in some physical activities. It may take time to adjust to not being able to play sport or being as active as you were before having breast cancer. This is temporary and most men will be able to participate in sport and other social activities after a period of time. Talk to your doctor about what you can/can't do.

**“I haven't stopped playing golf, can only play 9 holes instead of 18 but I still play.”**

## How to tell others

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.

## Impact on work

For most men, work is a large part of their life and identity. Some men are able to work during their treatment, but for others this is not possible. It may take time to adjust to not being able to work and support your family during treatment and to having others support and look after you. Talk to your doctor about when you might be able to return to work. A loss of strength in your arm resulting from surgery may affect your ability for a while to work in positions requiring heaving lifting or use of your arms. Talk to your doctor about how you can manage this.

*"I've gone back to work part time on reduced duties because there are certain things now that I can't or don't want to do just to be on the safe side."*

Coping with financial issues can also be a concern. If you have concerns about your work or financial situation you can ask to meet with a social worker or counsellor.

*"I guess we were lucky because my wife had a job, and we still had an income coming in, but if my wife didn't have a job, I would have been worried about how we were going to survive."*

*"I have never tried to hide the fact that I had breast cancer. I have received a lot of support from my family and friends."*

## Where to find out about financial help

Below is a list of places you can contact to see whether you can get some financial assistance:

### Centrelink/Department of Social Security

You may be eligible for a benefit or pension, such as the Sickness Allowance. The Health Department in your State or Territory. There is a patient's travel assistance scheme for men who have to travel over a certain distance for treatment.

### The Cancer Council's Cancer Helpline or your treatment hospital

The Cancer Council's Cancer Helpline on 13 11 20, or your treatment hospital, can give you information about accommodation, travel and practical assistance such as home help.

### Local councils

Some local councils help with practical matters, such as child care, meals and general home help.

# USEFUL RESOURCES

## National Breast Cancer Centre

Provides a range of free printed and online resources.

[www.nbcc.org.au](http://www.nbcc.org.au) | Freecall 1800 624 973

## National Breast Cancer Centre

An interactive website for 13-19 year olds who have a parent with cancer.

[www.myparentscancer.com.au](http://www.myparentscancer.com.au)

## Cancer Helpline

Is a free, confidential telephone information and support service run by Cancer Councils in each state and territory. Specially trained staff can answer questions about all aspects of cancer, including prevention, early detection, and treatment. They can also assist with practical and emotional support and advise callers about specific services appropriate to their needs and location. The service can be accessed from anywhere in Australia for the cost of a local call.

13 11 20 | [www.cancercouncil.com.au](http://www.cancercouncil.com.au)

## The Cancer Council New South Wales

is the leading cancer charity in New South Wales. They have a range of information resources available on their website including "Sexuality for Men with Cancer", a guide for men with cancer, their families, and friends and "When a parent has cancer: How to talk to your kids," a guide for parents with cancer.

[www.cancercouncil.com.au](http://www.cancercouncil.com.au)

## Breast Cancer Network Australia (BCNA)

has information, links and personal stories about men with breast cancer.

[www.bcna.org.au](http://www.bcna.org.au)

## Men's Line Australia

Provides telephone counselling, information and referral for men to help manage the challenges encountered when they face disruptions to their family life or primary relationships.

1300 789 978 | [www.menslineaus.org.au](http://www.menslineaus.org.au)

## Breast Cancer Care

A UK based organisation providing information, practical assistance, and emotional support for anyone affected by breast cancer. They have a resource for Men with Breast Cancer and provide on-line chat forums for men with breast cancer, their partners, family, and friends. (Note that this is not an Australian website).

[www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

## Cancer Backup

Provides practical advice and support for cancer patients, their families and carers. (Note that this is not an Australian website)

[www.cancerbackup.org.uk](http://www.cancerbackup.org.uk)