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Angie Blose
ahale42@yahoo.com

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Male Breast Cancer
Angela Blose RN, BSN
Otterbein University, Westerville, Ohio

Introduction

When you think of breast cancer do thoughts of millions of men and women, pink ribbons, and awareness events come to mind? Male breast cancer is a well-known disease that annually claims the lives of many women and men. However, studies have shown that awareness of just how many lives of men it takes? While 90% of breast cancer cases are found in women, there are cases in men. The American Cancer Society (2016), 2,670 men will be diagnosed with breast cancer (MBC) and at least 50% of them will lose their lives to this disease.

Patient Presentation

Men diagnosed with breast cancer can have many different signs and symptoms before being diagnosed.

• A 64 year old male presents to his family physician with concern for a painless lump found near his nipple in his right breast. The patient is unaware of how long the lump had been there.
• PT stated he was washing in the shower when he found the lump.
• Patient’s family history found that his mother tested positive for the BRCA gene. The physician performs a breast exam to assess the lump and blood work.
• The patient is referred to radiology for a mammogram to assess the lump.
• The patient is then sent for a needle biopsy for tissue sample & pathophysiology.
• The patient is diagnosed with MBC and a plan of care. The lab work stated he was + for the BRCA gene mutation and + for HR2 (benjamin & Riker, 2015).

Menopausal Status: Male breast cancer is a more common disease among those who have not undergone natural menopause. Any men who are intersex, undergoing transgender treatment, or have undergone gender dysphoria through medical means may be at increased risk for developing male breast cancer.

Signs & Symptoms

• Diagnosing
  • According to Yuan (2018) diagnosing breast cancer in males is the same as it is for females.
  • The physician performs an assessment by looking around the breast for lumps.
  • If a lump is found the patient is sent for imaging. Imaging could include X-rays, mammograms, or an ultrasound. If further examinations are needed the patient will be scheduled for a biopsy.
  • The tissue obtained from the needle biopsy will be sent to a laboratory for pathological testing.
  •Genetic testing can be used in MBC to determine the rate of recurrence of cancer

Pathophysiology

Both men and women have breast tissue and cells that have the potential to develop into breast cancer (NBCF, 2019). Breast cancer is a sequenc of change at molecules at the cellular level. These mutated cells become immortal with uncontrolled growth in the breast tissue (Chalasani, 2013). Chromosomal changes and hormones have been linked to this disease. High levels of estrogen, low levels of testosterone, and the existence or absence of human epidermal growth factor have been involved in breast cancer diagnosis (Chalasani, 2013). Tumors in male breast cancer are usually defined as ductal carcinoma in situ (Abidallah, Goh, & Ezzi El Din, 2017). Ductal means that cancer originated in the milk tubes of the breast. This type of cancer is considered invasive because they start in the area of the milk duct and then invade surrounding breast tissue. Non-invasive breast cancer are not common in men (“Male Breast Cancer: The Pathology Report,” 2016). Breast cancer is diagnosed in stages the same as in females. Ten: Primary tumor cannot be assessed. No: evidence of primary tumor. Tumor is in situ (DCIS), or Paget disease of the nipple with no associated tumor mass (T1a). Tumor C: 2 cm (1/4 of an inch) or less than 2 cm. Tumor is more than 2 cm but not more than 5 cm (2 inches) across. Tumor is more than 5 cm but not more than 10 cm (4 inches) across. N (N0): Tumor of any size growing into the chest or wall. This includes inflammatory breast cancer (“Breast Cancer Stages in Men,” 2015). There are many different subtypes of breast cancer. The patient obtained from the needle biopsy has identified the tumor to be ductal carcinoma in situ (DCIS, 2015) of the breast with a growth of 2 cm.

Symptoms of MBC
MBC.mam.org/aboutcancer/male_breast_cancer_signs.htm

Nursing Implications

Advanced practice nurses (APN) need to understand and prepare to provide education to patients and families diagnosed with MBC. They need to have up-to-date knowledge on the signs, symptoms, medical and family history, and treatments available for patients to make informed decisions for their health care. They need to understand the impact this will have on the patient and the family. They need to not only medically but spiritualy, and psychologically as well. Every patient should be educated that they need to stay current on:

• Self-exam forms
• Lab work
• Family history updates
• Lifestyle modifications
• Psychological and spiritual health
• These factors may help to reduce risk factors (HABBES & GROGAN, 2016).

Conclusion

MBC has been hard to understand due to the nature of the disease, but it is being talked about more today than before. In the last 50 years, there has been an increase in education and research about MBC (Dinew, Garg, & Prasad, 2011). Early detection, education, and medical treatment of men diagnosed with breast cancer are key in survival due to the advanced stage of diagnosis. Nurse practitioners and medical staff have an obligation to give each individual the best fighting chance of survival and this can be achieved by education.

References


Additional Resources


Table 1:
Risk Factors

• Exposure to radiation
• Increased levels in the hormone estrogen
• Family history of breast cancer
• Genetic predisposition of the BRCA genes (NBCF, 2016)
• Age is a factor, more common in men older than 60.
• Men diagnosed with Klinefelter syndrome
• Liver disease
• Obesity
• Tobacco disease or surgery (Dayo Clinic, 2018)

A partially circumscribed retroareolar mass in a male with suspected microcalcifications; this is known breast cancer. https://emedicine.medscape.com/article/1395474-overview

Significance of pathophysiology

Male breast cancer has a higher mortality rate than women due to the rarity of the diagnosis, as well as the age in which it is usually diagnosed in men. Practitioners that understand the pathophysiology of this disease can educate men on the importance of self-exams and signs and symptoms to monitor in patients that are at a higher risk of developing breast cancer. If diagnosed early on a plan of care consisting of medication, radiation, surgery, could assist in a higher survival rate.

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