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EASY READING

If You're a Man With Breast Cancer

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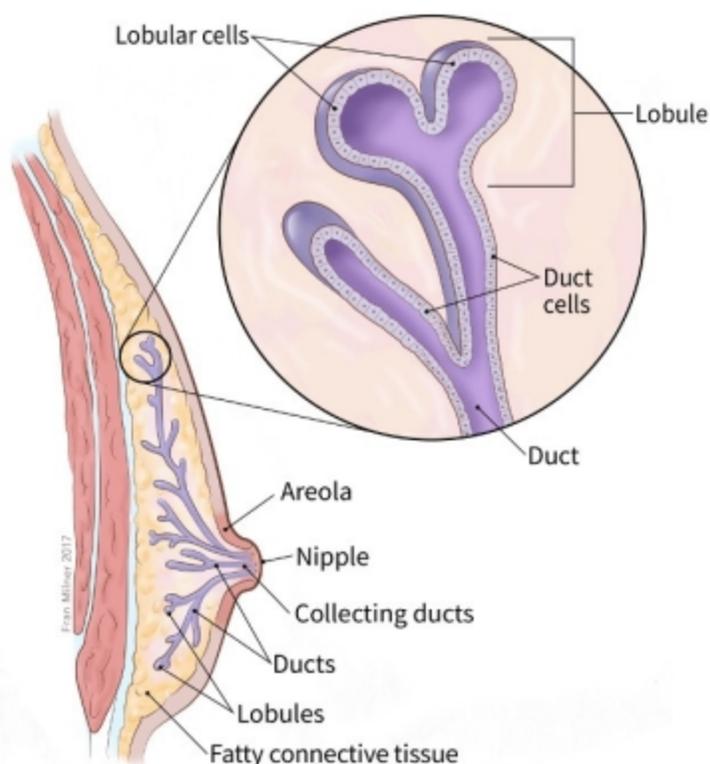
What is breast cancer?

Cancer can start any place in the body. Cancer that starts in the breast is called breast cancer. It starts when cells in the breast grow out of control and crowd out normal cells.

Breast cancer is most common in women, but men can get it, too. Many people do not realize that men have breast tissue and that they can develop breast cancer.

Cancer cells can spread to other parts of the body. Cancer cells in the breast can sometimes travel to the bone and grow there. When cancer cells do this, it's called metastasis (pronounced meh-TAS-tuh-sis). To doctors, the cancer cells in the new place look just like the ones from the breast.

Cancer is always named for the place where it starts. So when breast cancer spreads to the bone (or any other place), it's still called breast cancer. It's not called bone cancer unless it starts from cells in the bone.



Are there different kinds of breast cancer?

There are many [types of breast cancer](#)¹. Some are very rare. Your doctor can tell you more about the type you have. Below are the medical names for the most common types of breast cancer. (Carcinoma is another name for cancer. It's pronounced CAR-sin-O-muh.)

Ductal carcinoma in situ or DCIS

DCIS is very early breast cancer. In DCIS, the cancer cells are only found inside the ducts. (Ducts are the tiny tubes that carry milk to the nipple). The cancer cells have not spread through the walls of the ducts into the nearby breast tissue. Nearly all men with DCIS can be cured.

Lobular carcinoma in situ or LCIS

LCIS starts in the glands that make milk but does not grow through the walls of the glands. It's not cancer, but patients with LCIS have a higher chance of getting breast cancer. If you have LCIS, you should be sure to get mammograms the way your doctor

tells you to.

Invasive ductal carcinoma

This is the most common type of breast cancer. It starts in a milk duct of the breast and grows through the wall of the duct into the nearby breast tissue. It can spread to other parts of the body, too.

Invasive lobular carcinoma

This breast cancer starts in the milk glands. These glands are called lobules (pronounced LOB-yules). It can spread to other parts of the body.

Inflammatory breast cancer or IBC

This is a rare type of breast cancer. Most often, there's no lump or tumor. IBC makes the skin of the breast look red and feel warm. The skin can also look thick and pitted – kind of like an orange peel. The breast may get bigger, harder, tender, or itchy.

This type of breast cancer is more likely to spread and is harder to cure than invasive ductal or lobular cancer.

Questions to ask the doctor

- Why do you think I have cancer?
- Is there a chance I don't have cancer?
- Would you please write down the kind of cancer you think I might have?
- What will happen next?
- How does the doctor know I have breast cancer?

Tests that may be done

For men, breast cancer is most often found because you have found a lump or other change in your breast.

The doctor asks you questions about your health and does a physical exam. A breast exam is done to look for changes in the nipples or the skin of your breasts. The doctor also checks the lymph nodes under your arm and above your collarbone. Swollen or hard lymph nodes might mean breast cancer has spread.

If signs are pointing to breast cancer, more tests will be done. Here are some of the [tests you may need²](#):

Mammogram: Mammograms are x-rays that are mostly used to find breast cancer early in women. But for men, a mammogram may be done to look more closely at the breast problem you might have.

MRI scan: MRIs use radio waves and strong magnets instead of x-rays to take pictures. MRIs can be used to learn more about the size of the cancer and look for other tumors in the breast.

Breast ultrasound: For this test, a small wand is moved around on your skin. It gives off sound waves and picks up the echoes as they bounce off tissues. The echoes are made into a picture that you can see on a computer screen. Ultrasound can help the doctor see if a lump is a fluid-filled cyst (pronounced sist) or a tumor that could be cancer.

Ductogram: This test may be used to help find the cause of nipple discharge. To do the test, the doctor places a very thin plastic tube through the nipple and into the duct. A small amount of dye is put into the duct. It outlines the shape of the duct on an x-ray and shows if there's a tumor in the duct.

Nipple discharge exam: If you have fluid coming from your nipple, some of it may be sent to a lab. There, it will be checked to see if there are cancer cells in it.

Questions to ask the doctor

- What tests will I need to have?
- Who will do these tests?
- Where will they be done?
- Who can explain them to me?
- How and when will I get the results?
- Who will explain the results to me?
- What do I need to do next?
- How serious is my cancer?

Breast biopsy

In a biopsy, the doctor takes out a small piece of tissue to check it for cancer cells. A biopsy is the only way to tell for sure if you have cancer.

There are many types of biopsies. Ask your doctor what kind you will need. Each type has pros and cons. The choice of which type to use depends on your own case.

Sometimes, surgery is needed to take out all or part of the lump to find out if it's cancer. This is often done in a hospital under local anesthesia. This means you're awake but your breast is numb. You may also be given medicine to make you sleepy.

Grading breast cancer

The cancer cells in the biopsy sample will be [graded](#)³. This helps doctors predict how fast the cancer is likely to grow and spread. Cancer cells are graded based on how much they look like normal cells. Grades 1, 2, and 3 are used. Cells that look very different from normal cells are given a higher grade (3) and tend to grow faster. Ask the doctor to explain the grade of your cancer. The grade helps the doctor decide which treatment is best for you.

If you have breast cancer, the doctor will want to find out how far it has spread. This is called [staging](#)⁴. You may have heard other people say that their cancer was "stage 1" or "stage 2." Your doctor will want to find out the stage of your cancer to help decide what type of treatment is best for you.

The stage describes the spread of the cancer through the breast. It also tells if the cancer has spread to other organs of your body that are close by or farther away.

Your cancer can be stage 1, 2, 3, or 4. The lower the number, the less the cancer has spread. A higher number, like stage 4, means a more serious cancer that has spread beyond the breast. Be sure to ask the doctor about the cancer stage and what it means for you.

Questions to ask the doctor

- Do you know the stage of the cancer?
- If not, how and when will you find out the stage of the cancer?
- Would you explain to me what the stage means in my case?
- Based on the stage of the cancer, how long do you think I'll live?
- What will happen next?

What kind of treatment will I need?

There are many [ways to treat breast cancer](#)⁵, but the main types of treatment are local or systemic.

Surgery and radiation are used to treat only the cancer. They do not affect the rest of the body. This is called *local treatment*.

Chemo and hormone treatment drugs go through the whole body. They can reach cancer cells anywhere in the body. They are called *systemic treatment*.

Doctors often use both local and systemic treatments to treat breast cancer. The treatment plan that's best for you will depend on:

- The stage and grade of the cancer
- The chance that a type of treatment will cure the cancer or help in some way
- Your age
- Other health problems you have
- Your feelings about the treatment and the side effects that come with it

Surgery for breast cancer

Most men with breast cancer have mastectomy, which removes all of the breast tissue on the side that has cancer. Lumpectomy only takes out the lump and a little bit around it. The downside is that you'll most likely need radiation treatment after surgery. But some men who have a mastectomy also need radiation afterward.

Men with breast cancer also often need surgery to take out lymph nodes that might have cancer in the underarm area.

Side effects of surgery

Any type of surgery can have risks and side effects. Be sure to ask the doctor what you can expect. If you have problems, let your doctors know. Doctors who treat men with breast cancer should be able to help you with any problems that come up.

Radiation treatments

Radiation uses high-energy rays (like x-rays) to kill cancer cells. This treatment may be used to kill any cancer cells that may be left in the breast, chest, or arm pit after surgery.

There are 2 main ways radiation can be given. It can be aimed at the breast from a

machine outside the body. This is called *external beam radiation*. Or, radioactive seeds can be put right into the breast tissue near the cancer. This is called *brachytherapy* (pronounced BRAKE-ee-THER-uh-pee).

Side effects of radiation treatments

If your doctor suggests radiation treatment, talk about what side effects might happen. Side effects depend on the type of radiation that's used. The most common side effects of radiation are:

- Skin changes where the radiation is given
- Feeling very tired (fatigue)

Most side effects get better after treatment ends. Some might last longer. Talk to your cancer care team about what you can expect.

Chemo

Chemo is the short word for chemotherapy – the use of drugs to fight cancer. The drugs may be given into a vein or taken as pills. These drugs go into the blood and spread through the body. Chemo is given in cycles or rounds. Each round of treatment is followed by a break. Most of the time, 2 or more chemo drugs are given. Treatment often lasts for many months.

Side effects of chemo

Chemo can make you feel very tired, sick to your stomach, and cause your hair to fall out. But these problems go away after treatment ends.

There are ways to treat most chemo side effects. If you have side effects, be sure to talk to your cancer care team so they can help.

Hormone treatment

Estrogen and progesterone are usually thought of as female hormones, but men make small amounts, too. Even these small amounts are enough to cause some breast cancers to grow. Drugs that block the effect of estrogen or cut down estrogen levels can be used to treat these breast cancers. Drugs like this are a type of hormone treatment.

Tamoxifen is the estrogen-blocking drug that's most often used. It's taken as a pill once

a day, usually for 5 years after surgery. It helps lower the chances of the cancer coming back for some men.

There are other drugs and other ways to lower estrogen or progesterone to help fight breast cancer. Ask your doctor to tell you about any drugs you are given.

Clinical trials

Clinical trials are research studies that test new drugs or other treatments in people. They compare standard treatments with others that may be better. Clinical trials are one way to get state-of-the-art cancer treatment. They are the only way for doctors to find better ways to treat cancer. If your doctor can find one that's looking at the kind of cancer you have, it's up to you whether to take part. And if you do sign up for a clinical trial, you can always stop at any time.

If you would like to learn more about clinical trials that might be right for you, start by asking your doctor if your clinic or hospital conducts clinical trials. See [Clinical Trials](#)⁶ to learn more.

What about other treatments that I hear about?

When you have cancer you might hear about [other ways to treat the cancer or treat your symptoms](#)⁷. These may not always be standard medical treatments. These treatments may be vitamins, herbs, special diets, and other things. You may wonder about these treatments.

Some of these are known to help, but many have not been tested. Some have been shown not to help. A few have even been found to be harmful. Talk to your doctor about anything you're thinking about using, whether it's a vitamin, a diet, or anything else.

Questions to ask the doctor

- What treatment do you think is best for me?
- What's the goal of this treatment? Do you think it could cure the cancer?
- Will treatment include surgery? If so, who will do the surgery?
- What will the surgery be like?
- Will I need other types of treatment, too?
- What's the goal of these treatments?
- What side effects could I have from these treatments?
- What can I do about side effects that I might have?

- Is there a clinical trial that might be right for me?
- What about special vitamins or diets that friends tell me about? How will I know if they are safe?
- What should I do to be ready for treatment?
- Is there anything I can do to help the treatment work better?
- What's the next step?
- What will happen after treatment?

What will happen after treatment?

You'll be glad [when treatment is over](#)⁸. But it's hard not to worry about cancer coming back. Even when cancer never comes back, people still worry about it. For years after treatment ends, you will see your cancer doctor. Be sure to go to all of these follow-up visits. You will have exams, blood tests, and maybe other tests to see if the cancer has come back.

At first, your visits may be every 3 to 6 months. Then, the longer you're cancer-free, the less often the visits are needed. After 5 years, they may be done once a year.

If you still have a breast (or part of one), you'll need to get a mammogram every year.

Having cancer and dealing with treatment can be hard, but it can also be a time to look at your life in new ways. You might be thinking about how to improve your health. Call us or talk to your cancer care team to find out what you can do to feel better.

You can't change the fact that you have cancer. What you can change is how you live the rest of your life – making healthy choices and feeling as well as you can.

Hyperlinks

1. www.cancer.org/cancer/breast-cancer-in-men/about/what-is-breast-cancer-in-men.html
2. www.cancer.org/cancer/breast-cancer-in-men/detection-diagnosis-staging/how-diagnosed.html
3. www.cancer.org/cancer/breast-cancer-in-men/detection-diagnosis-staging/classifying.html
4. www.cancer.org/cancer/breast-cancer-in-men/detection-diagnosis-staging/staging.html

5. www.cancer.org/cancer/breast-cancer-in-men/treating.html
6. www.cancer.org/treatment/treatments-and-side-effects/clinical-trials.html
7. www.cancer.org/treatment/treatments-and-side-effects/complementary-and-alternative-medicine.html
8. www.cancer.org/cancer/breast-cancer-in-men/after-treatment.html

Words to know

Biopsy (BY-op-see): taking out a small piece of tissue to see if there are cancer cells in it.

Ducts: small tubes that carry milk to the nipple.

DCIS or **ductal carcinoma in situ** (DUCK-tul CAR-sin-O-muh in SY-too): cancer that starts in the duct cells but has not grown through the duct walls into other tissue.

Estrogen (ES-tro-jin): the female hormone that a woman's body makes until change of life. Men make small amounts of this hormone, too.

IBC or **inflammatory breast cancer**: a rare type of breast cancer; often there's no lump or tumor.

IDC or **invasive ductal carcinoma** (in-VAY-siv DUCK-tul CAR-sin-O-muh): breast cancer that starts in a duct and grows through the wall of the duct. It can spread to other parts of the body.

ILC or **invasive lobular carcinoma** (in-VAY-siv LOB-you-lur CAR-sin-O-muh): breast cancer that starts in the milk glands (lobules). It can spread to other parts of the body.

LCIS or **lobular carcinoma in situ** (LOB-you-lur CAR-sin-O-ma in SY-too): a breast change that starts in the milk glands (lobules) and has not grown through the wall of the lobules; having LCIS increases breast cancer risk.

Lobules (LOB-yules): the glands that make milk.

Lumpectomy (lum-PECK-tuh-me): surgery to remove the breast tumor and a small amount of normal tissue. Also called **breast conservation surgery**.

Mastectomy (mas-TEK-tuh-me): surgery to remove all of the breast and sometimes other tissue.

Metastasis (muh-TAS-tuh-sis): cancer cells that have spread from where they started to other places in the body.

How can I learn more?

We have a lot more information for you about breast cancer, as well as day-to-day help and emotional support every step of the way. Visit www.cancer.org to learn more. Or, you can call our **toll-free number 24 hours a day, 7 days a week at 1-800-227-2345** to talk to one of our cancer information specialists.

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Written by

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