

Men get breast cancer too



Breast
Cancer
Network
Australia



About us

Breast Cancer Network Australia (BCNA) is the peak national organisation for Australians affected by breast cancer. We work to ensure they receive the very best support, information, treatment and care appropriate to their individual needs. Visit our website www.bcna.org.au for more information or to connect with others through BCNA's online network.

BCNA's partners and sponsors raise much needed funds to ensure we can continue to support, inform, represent and connect people affected by breast cancer.

Major Partner



Supporting Sponsors

sussan



Introduction	2
Why do men develop breast cancer?	3
Types of breast cancer	4
Hormone and HER2 status	6
Breast cancer treatments	7
Breast reconstruction	10
Follow-up care	10
Lymphoedema	11
Secondary breast cancer	12
Living with breast cancer	14
More information	22



Introduction

This booklet has been written for men with breast cancer. It includes information about male breast cancer and its treatments, and some of the issues that men may face after a diagnosis. It also outlines the information and support available for men with breast cancer.

Although most Australians diagnosed with breast cancer are women, many people are surprised to learn that men can develop breast cancer too. In Australia, around 125 men are diagnosed with breast cancer every year.

Breast cancer? Impossible! I thought only women got breast cancer.
– Norman

Most men survive breast cancer. In Australia, 85 per cent of men diagnosed are alive five years later. The majority of men recover and the breast cancer does not return.

I am grateful for the lessons learnt through my illness and know that I will live the rest of my life wisely and well. – Ron



Why do men develop breast cancer?

Like women, men have breast tissue, although in smaller amounts. This means that men can develop breast cancer, although it is not common. The risk of a man being diagnosed with breast cancer before the age of 75 is one in 1,258. The risk of a woman being diagnosed with breast cancer before the age of 85 is one in eight.

A number of factors can increase a man's risk of developing breast cancer. These are outlined below.

Age

A man's risk of developing breast cancer increases with age. The average age of diagnosis in Australian men is 69, although men of all ages can be affected.

A known BRCA1 or BRCA2 gene mutation or a strong family history

Men who carry an inherited BRCA1 or BRCA2 gene mutation, or who have a strong family history of breast cancer are at an increased risk of developing breast cancer. Most men who develop breast cancer do not have a BRCA1 or BRCA2 gene mutation or a strong family history. If you are concerned that your family may have an inherited genetic mutation, or if your family has a strong family history of breast cancer, you may like to speak with your GP who can refer you to a family cancer clinic for assessment.

Higher oestrogen levels

All men's bodies produce a small amount of the female hormone oestrogen, as well as male hormones such as testosterone. Men who have higher than normal levels of oestrogen may be at an increased risk of developing breast cancer. Oestrogen levels can be higher in men who:

- are overweight or obese (because fat cells produce oestrogen)
- have long-term liver conditions such as cirrhosis
- have some genetic conditions, such as Klinefelter's syndrome.

Past radiotherapy treatment

There is some research that suggests that men who have had radiotherapy treatment, particularly of the chest area, may have an increased risk of developing breast cancer.

Types of breast cancer

Breast cancer is not a single disease – there are many different types. Your pathology report will have information about your particular type of breast cancer. As a disease, breast cancer in men is very similar to breast cancer in women, and is usually treated in a similar way.

The main types of breast cancer are:

Early breast cancer

Early breast cancer is breast cancer which started in the breast's ducts or lobules and has spread into the surrounding breast tissue. It is sometimes called 'invasive' breast cancer. Early breast cancer may also have spread to the lymph nodes in the breast or armpit. Early breast cancer is the most common type of breast cancer in men.

Ductal carcinoma in situ (DCIS)

DCIS is breast cancer which is contained within the milk ducts of the breast. These breast cancer cells have not spread outside the ducts into the normal surrounding breast tissue. DCIS is sometimes called 'non-invasive' breast cancer. If you have 'invasive ductal carcinoma' this means that you have early breast cancer (see above).

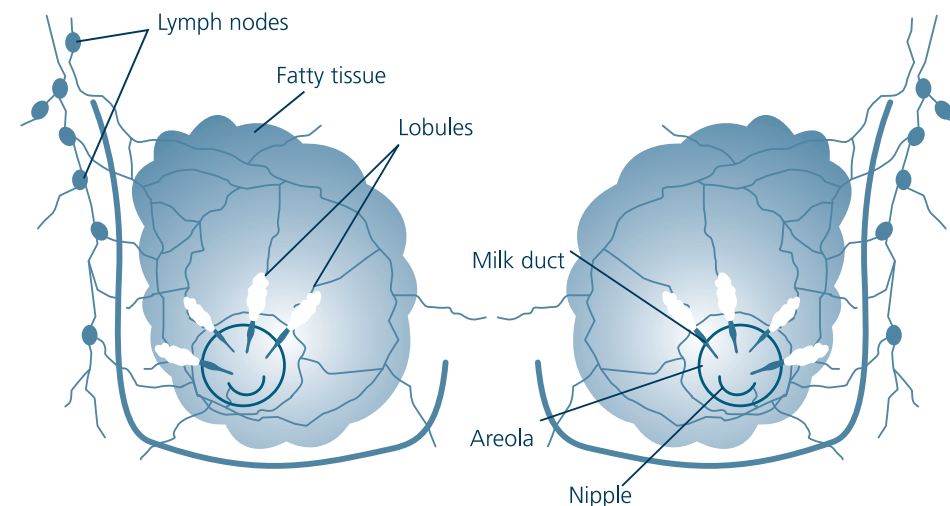
Lobular carcinoma in situ (LCIS)

LCIS is breast cancer which is contained within the lobules of the breast. These breast cancer cells have not spread outside the lobules into the normal surrounding breast tissue. LCIS is sometimes called 'non-invasive' breast cancer. If you have 'invasive lobular carcinoma' this means you have early breast cancer (see above). LCIS is very rare in men.

Less common types of breast cancer include:

Locally advanced breast cancer

This is breast cancer that has spread from the breast to other nearby areas such as the chest wall, skin or muscle.



Paget's disease of the nipple

Paget's disease of the nipple is a rare form of breast cancer where cancer cells grow in the nipple or the areola (the area around the nipple). The nipple and areola often become scaly, red, itchy and irritated.

Inflammatory breast cancer

Inflammatory breast cancer is rare and affects the blood vessels in the skin of the breast. The breast is usually red and inflamed. Most of the time, there is no lump in the breast.

Secondary breast cancer

Secondary breast cancer (also called advanced or metastatic breast cancer) occurs when the breast cancer cells spread to other more distant parts of the body, such as the bones, liver, lungs or brain. Breast cancer that has spread to the lymph nodes near the breast is not secondary breast cancer.

Hormone and HER2 status

Your pathology report will indicate whether there are any receptors on the breast cancer that cause it to grow. This information will help the medical team recommend the best treatment for you.

Hormone status

'Hormone receptor positive' breast cancer means that the hormones oestrogen and/or progesterone help the cancer cells to grow. Up to 80 per cent of people with breast cancer have hormone receptor positive breast cancer.

HER2 status

'HER2-positive' breast cancers are those where the breast cancer cells produce more of a protein called HER2 than normal. The HER2 helps the cancer cells to grow.

Breast cancer can be both HER2-positive and hormone receptor positive.

Triple negative breast cancer

Triple negative breast cancers are those where neither oestrogen, progesterone nor the HER2 protein help the cancer to grow.

It was a particularly difficult time waiting for my results and trying to stay positive. – Matthew

Breast Cancer Network Australia's *Breast cancer pathology* fact sheet can help you understand your pathology report. See the 'More information' section to find out how to download or order a copy.

Breast cancer treatments

Learning about breast cancer and its treatment may help you feel more in control. It may also prepare you for what your doctors might discuss with you.

Just as there are many different types of breast cancer, there are many different treatments. The treatment recommended for you will depend on a number of factors, including the type of breast cancer you have (the pathology), other health conditions you may have, and your personal preferences.

This section summarises common breast cancer treatments which can lower the risk of the breast cancer coming back. To find resources that explain treatments in more detail, refer to the 'More Information' section of this booklet.

Surgery

The aim of surgery is to remove all the cancer cells from the breast. During the operation, the surgeon will remove the area of breast that is affected by the cancer. The most common type of surgery for men with breast cancer is a mastectomy, where the whole breast (including the nipple and area around the nipple) is removed.

Breast conserving surgery (also called lumpectomy, partial mastectomy or wide local excision), where only the part of the breast with the cancer is removed, is often not suitable for men because of their lack of breast tissue.

During surgery, it is likely that the surgeon will remove one or some of your lymph nodes from the armpit (axilla) to see if the cancer has spread to the nodes. This will help your doctor decide the best treatment for you.

There are two ways to remove lymph nodes during surgery:

- Sentinel node biopsy – the surgeon removes the lymph node where the cancer is likely to spread to first. If cancer is found in this node, you may need more surgery to remove some or all of the remaining nodes.
- Axillary dissection (also known as axillary clearance) – the removal of some or all of the lymph nodes from the armpit. It's likely that this will only be recommended if cancer is found in the initial node removed during a sentinel node biopsy.



Your surgeon will speak with you about the best surgery option for you.

After the breast cancer is removed, it will be sent to a pathology laboratory to be tested. This will indicate what type of breast cancer it is (the pathology) and will help the medical team to decide what, if any, further treatment may be best for you. For some men, no further treatment is needed.

Chemotherapy

Chemotherapy is the use of drugs to kill cancer cells that may have started to spread to other parts of the body. Chemotherapy treatment is managed by a medical oncologist. It is usually given through a drip in the arm which slowly releases the drug into the bloodstream. This is called an intravenous, or IV, infusion. Not all men will need chemotherapy.

Sometimes, if the cancer is large, chemotherapy can also be used before surgery to reduce the size of the tumour and make it easier for the surgeon to remove it. This is called 'neoadjuvant chemotherapy'.

Radiotherapy

Radiotherapy (also referred to as radiation treatment) is the use of X-rays to kill any cancer cells that may be left after the breast cancer surgery. Not all men with breast cancer will have radiotherapy. It is often recommended after breast conserving surgery, and sometimes after a mastectomy. If you need radiotherapy, you will see a radiation oncologist. Radiotherapy is usually given five days a week for around five to six weeks. Each radiotherapy session lasts around 20 minutes.

Hormone therapy

Hormone therapy drugs are used to treat hormone receptor positive breast cancer, by lowering the amount of oestrogen in the body, or stop it from feeding the cancer. They are tablets taken every day, usually for five years or more. Even though oestrogen levels are lower in men, these treatments can still be very effective. The most common hormone therapy recommended for men with breast cancer is tamoxifen. Rarely, another type of hormone therapy called an aromatase inhibitor (Arimidex, Femara or Aromasin) may be recommended although research on the use of aromatase inhibitors in men is very limited.



Targeted therapy

Targeted therapies are drugs used to treat certain types of breast cancer. Herceptin is a targeted therapy often used to treat men with HER2-positive breast cancer.

Treatment-related side effects

Sometimes breast cancer treatments can cause unwanted side effects. These vary from treatment to treatment, and can be mild or more severe. Some men tell us that they are reluctant to mention their side effects to a member of their medical team because they assume the side effects are to be expected, and they don't want to complain. If you experience side effects from treatment, talk to a member of your medical team as there are often ways to manage them effectively.

I was on tamoxifen for five years. I had some uncomfortable side effects during the first six months. After that, it settled down. I suffered little discomfort – Gavin

For more about breast cancer treatments, including common side effects and practical strategies to manage them, refer to the 'More information' section of this booklet.



Breast reconstruction

Breast reconstruction after breast cancer surgery is not common in men. However, it is still worth discussing breast reconstruction with your surgeon as it is sometimes possible to alter the look of the chest area with further surgery.

Your surgeon may be able to perform a reconstruction using your own skin, fat and muscle from your back, abdomen or buttock. Reconstruction using breast implants is not possible for men because, currently, breast implants are designed specifically to recreate the look of a woman's breast, and are not suitable for men.

A nipple reconstruction may be an option for some men. This involves rebuilding the nipple and the areola (the area around the nipple), which can then be tattooed to match your nipple colour.

If you prefer not to have further surgery, a nipple and areola tattoo can be performed by itself. You can also opt for a special stick-on nipple prosthesis that stays in place for a few days. These are available to buy from breast prostheses suppliers.

Follow-up care

After your active treatment (surgery and/or chemotherapy and/or radiotherapy) ends, your doctor will recommend a plan for your follow-up care. From around a year after your diagnosis, you will usually have regular follow-up tests such as a mammogram or ultrasound to check your breasts for any changes. Your doctor may also do a physical exam of your breast, chest area and armpits to look for any changes. Follow-up appointments are a good time for you to talk with your doctor about any ongoing side effects that you may be experiencing.

Between check-ups, it's a good idea to get to know how your breast looks and feels, and speak with your GP if you notice any changes. Swelling and scarring after surgery usually settles down after a few months, while changes in the breast after radiotherapy may take a few years to settle.

Many men find that they feel nervous for several days or weeks before their check-up. If you find you get upset or nervous during this time, it might help to plan ways to make it easier for you. You may find it helpful to try relaxation therapy (including deep breathing and muscle relaxation), yoga or meditation to help calm you beforehand, and take someone along to the check-up appointment with you.

In the Cancer Council's *Learn to relax* podcasts, Australian psychologist Dr Lisbeth Lane guides you through the basics of relaxation, deep breathing and restfulness. To find out how to access the podcasts online, refer to the 'More information' section of this booklet.



Lymphoedema

When lymph nodes are removed during surgery, this can restrict the flow of fluid from your breast and arm. This can sometimes result in swelling of the arm and hand, known as lymphoedema.

Most people who have surgery for breast cancer do not develop lymphoedema. However, lymphoedema can occur, sometimes even many years after surgery, and people who have had surgery for breast cancer have a lifetime risk of developing it.

You may like to ask your surgeon, breast care nurse or physiotherapist to show you some exercises to help mobilise your arm after surgery to help reduce your risk.

Symptoms of lymphoedema include:

- swelling of the arm or hand (you may notice your jewellery or shirt sleeves feel tight)
- feelings of discomfort, heaviness or fullness in the arm
- aching, pain, or tension in the arm, shoulder, hand, chest or breast area.

If you develop any of these symptoms, seek prompt advice from a member of your medical team.

While there is no known cure for lymphoedema, there are effective ways to manage it, including specialised massage, compression garments, exercise and good skin care. These treatments are designed to reduce and control swelling, improve the range of movement of the affected area and prevent infections.

Breast Cancer Network Australia has a number of fact sheets on lymphoedema which explain how to reduce your risk of developing lymphoedema, ways to manage it, and information on the lymphoedema compression garment subsidies available in most Australian states and territories. See the 'More information' section to find out how to download or order copies of the fact sheets.

Secondary breast cancer

Some men diagnosed with breast cancer develop secondary breast cancer, where the breast cancer cells spread from the breast to more distant parts of the body. Secondary breast cancer is sometimes referred to as advanced or metastatic breast cancer. The parts of the body most likely to be affected are the bones, liver or lungs.

Some terms that sound like secondary breast cancer are not secondary breast cancer; and this can be confusing. For example, if cancer cells are found in the lymph nodes in your armpit (axilla) but have not spread beyond those lymph nodes, this is not secondary breast cancer; it may be defined as early breast cancer or locally advanced breast cancer depending on the pathology results.

Wherever secondary breast cancer is found in your body, it is still breast cancer. A secondary cancer in the liver, for example, does not contain liver cancer cells; the cells are breast cancer cells.

Men often want to understand why they have developed secondary breast cancer; especially if they have previously had treatment for early breast cancer. Unfortunately, even the best treatment for early breast cancer does not always remove every diseased cell. Most commonly, secondary breast cancer develops from cells left behind.

As yet, secondary breast cancer cannot be cured. However, it can be controlled – sometimes for many years. Common treatments for secondary breast cancer include chemotherapy, targeted therapies such as Herceptin, and hormone therapy.

There will be hurdles along the way, but never give up hope. – Matthew

Breast Cancer Network Australia's free *Hope & Hurdles* contains comprehensive information about secondary breast cancer and its treatments, as well as useful information about emotional wellbeing and living with secondary breast cancer. While it refers to women, a lot of the information is relevant to men and may be useful to you. Optional booklets are available for secondary breast cancer in the bone, liver, lungs and brain. See the 'More information' section to find out how to order a copy.



Living with breast cancer

Coping with your diagnosis

Being diagnosed with breast cancer can leave you feeling surprised, anxious, scared and angry. You may have been unaware that men can develop breast cancer, and may feel shocked.

I thought: this can't be serious! I had heard of women being diagnosed with breast cancer ... but me, a man? I never thought this could happen to me.
– Matthew

As breast cancer is often considered a 'women's cancer' and is represented by the colour pink, your diagnosis may also leave you feeling embarrassed, self-conscious and worried about your masculinity.

There tends to be little awareness of male breast cancer in the general population. It can be challenging to connect with other men in a similar situation, and this can leave you feeling isolated and alone.

For me one of the big things with my breast cancer was the embarrassment of having what was considered a woman's disease. I was so ashamed, and felt it was a huge attack on my manhood. I have always considered myself to be a bit of a man's man, and being struck down with this at a very fit and physical point of my life was quite crushing. – Craig

There are also very few information resources specifically for men with breast cancer, which can leave you feeling frustrated and uncertain.

My surgeon gave me a pile of brochures about breast cancer but only one pamphlet was about male breast cancer. – Ron

I found it hard that everything is geared towards women. Pink doctors' surgeries, linen, gowns, pamphlets, magazines – everything, and it's just everywhere (and rightly so I might add. I sure don't want to undermine that in any way). It did add to that experience of isolation for me though, and made me feel much much less of a man. – Craig

It can help to talk with someone about how you are feeling rather than trying to cope by yourself. Your GP, breast care nurse or hospital social worker may be able to provide you with some strategies to help you cope with your diagnosis. If you think it will help, your GP can refer you to a counsellor or psychologist. Some men tell us that talking with a counsellor or psychologist in private helps them feel like a burden has been lifted.

To find out about support available to men with breast cancer, including how to connect with other men in a similar situation and Medicare rebates for psychologist visits, refer to the 'More information' section of this booklet.



Sharing news of your diagnosis with others

You may also find it difficult or embarrassing to tell others about your diagnosis.

People may find your diagnosis surprising, especially if they didn't know men can develop breast cancer. Telling family and a few close friends first may help you become familiar with people's reactions.

You may find that you receive questions about breast cancer in men. It may help to have some answers prepared to common questions. You can give others a copy of this booklet to help them understand male breast cancer.

When I shared my diagnosis with people, they seemed puzzled, stunned and speechless. They asked lots of questions like 'how did you find out?' and 'does it run in the family?' A few commented that it's very rare! – Matthew

Your family and friends may also find it difficult to tell others about your breast cancer diagnosis. They may also find it helpful to be prepared for questions about breast cancer in men.

It was an absolute shock that it was my brother diagnosed with breast cancer, and not me. When I tell people my brother has breast cancer, they correct me and say 'you mean your mother'. – Rebecca, sister of a man diagnosed with breast cancer

Breast cancer is a marvellous conversation killer in men's company – they never know how to respond. – Gavin

Many people diagnosed with breast cancer find that friendships can be affected by their diagnosis. Sadly, friends and family sometimes do not know how to cope with the news of a breast cancer diagnosis and respond by stepping back. Sometimes, the opposite can happen – those who do not keep in regular contact with you can respond by making contact with you after your diagnosis. There is no right or wrong way to respond to this issue – find a way that works for you and your own situation.

Sometimes people avoid all contact with you because they're uncomfortable talking about cancer. While you may be disappointed, in my experience it is a good idea not to terminate the relationship. With time the person may get over their reticence and resume the relationship. It can also be a matter of people you haven't spoken to in a long time 'coming out of the woodwork' and contacting you after your diagnosis. Perhaps it's guilt about not being in contact with you for a long time. It's unpredictable – people react to your diagnosis in different ways. – Ron



Breast Cancer Network Australia and beyondblue: the national depression initiative have developed a fact sheet on depression, detailing its links with breast cancer, available treatments and how to help yourself or someone close to you. To find out how to download or order a copy, and for information on Medicare rebates for psychologist visits, see the 'More information' section of this booklet.

Financial and practical concerns

For many men, the financial and practical impact of a breast cancer diagnosis can be substantial. Regardless of whether treatment is through the public or private health system, most men will be affected financially in some way. You may have to pay for tests that are not covered by Medicare, or you may lose income if you have to reduce your work hours or stop working altogether for a period of time.

There are also other costs you may not expect, such as wound dressings, transport to and from appointments, and child care, which can all contribute to financial stress.

Breast Cancer Network Australia's *Financial and practical assistance* fact sheet outlines a range of assistance schemes that may be available to you and your family to help reduce the financial and practical impact of a breast cancer diagnosis. These are available through the federal and state governments, local councils, utility providers, insurance providers and local support groups. See the 'More information' section to find out how to download or order a copy.



Changes in sexual wellbeing

Breast cancer can have an impact on your sexual wellbeing or intimate relationships.

Sexual wellbeing is a complex and personal issue. You may experience physical changes such as fatigue, hot flushes and weight gain, and emotional changes such as depression, or lack of confidence. Some men tell us that they lack the energy and desire for sex due to their breast cancer treatments. Very often it's a combination of many different issues.

There are ways to help manage sexual wellbeing concerns. You may like to talk to your GP or breast care nurse for suggestions on things you can try. He or she may be able to tell you what has worked for other men. A counsellor, sex therapist or psychologist can also advise you on sexual wellbeing issues.

We know, however, that talking to a health professional about sexual wellbeing is not always easy and many men find it uncomfortable to start this conversation. It may be helpful to know that many people experience issues with sexual wellbeing, not only those diagnosed with cancer, and many health professionals have experience talking about this issue.

It's a good idea to be open and honest about your feelings with your partner. Sometimes a partner's silence can be mistaken as a lack of interest which can lead to feelings of rejection. Explaining to your partner how you feel can help your partner to better respond to your needs. Communicating with each other and being honest about your feelings may help you both feel more understood and supported.

Starting a conversation about your sexual wellbeing with your partner can also be difficult. It's helpful to acknowledge at the start of the conversation that your partner's thoughts matter to you. Encourage your partner to be open with you about fears and feelings to make things easier for you both.



Breast Cancer Network Australia's *Breast cancer and sexual wellbeing* booklet includes information about sexual wellbeing after a breast cancer diagnosis, including practical tips to help you manage sexual wellbeing concerns. See the 'More information' section to find out how to download or order a copy.

Depression and anxiety

Being diagnosed and living with breast cancer can take its toll, not only on your physical health but also on your emotional health. It is common to experience a range of emotions, including stress, sadness and worry. However, some men experience these feelings intensely and for long periods of time. They might find it hard to function each day and may be reluctant to participate in activities they once enjoyed. If this is happening to you, you may be experiencing depression or anxiety.

While depression and anxiety are common after a breast cancer diagnosis, they are often overlooked and undertreated. Depression and anxiety are very treatable.

It's okay to feel down at times; it's part of the process. Sometimes it's hard to stay positive. You don't have to, no matter how many times others tell you to. – Matthew

If you are feeling sad or worried for long periods of time, or are finding it difficult to function each day, you may like to speak with your GP, who can discuss treatment options which might be helpful to you. The strategies recommended will depend on your personal situation and may include counselling, exercise and spending more time doing the things you enjoy. Antidepressant medications can also be prescribed in some cases.

I became depressed. I talked with a counsellor from the Cancer Council WA and it was the first time that I was able to ask questions and get answers. I began to accept the situation. Part of my problem was that I was not 'in control' which for me was unusual. I'd been used to making decisions all my life. This realisation helped me to lift myself from my depression. – Norman

Breast Cancer Network Australia and *beyondblue*: the national depression initiative have developed a fact sheet on depression, detailing its links with breast cancer, available treatments and how to help yourself or someone close to you. See the 'More information' section to find out how to download or order a copy, and for information on Medicare rebates for psychologist visits.



Concern about the cancer coming back

Many men who have had breast cancer treatment worry that their cancer may return. It is common and normal for anyone diagnosed with cancer to worry about this. Instead of feeling relieved and happy that your treatment is finished, you may find yourself feeling stressed and vulnerable. You may find that aches and pains you previously thought of as normal now cause you to wonder 'has the cancer come back?' It may be reassuring to know that for most men treated for breast cancer, the cancer will never return.

Anxiety about the cancer returning usually reduces over time. In the meantime, there are activities that can help you to manage your fear. Meditation, deep breathing exercises, yoga, physical exercise, and immersing yourself in hobbies you enjoy may all help.

Often men tell us that they become anxious before their regular check-ups, sometimes even years after their treatment has finished. Some men have told us that, before their regular check-up, it helps to distract themselves by staying as busy as possible. Taking someone along to the appointment with you, and planning something nice to do together afterwards, may also help.

If you find that your anxiety is having an impact on your day to day life, it's a good idea to talk with your doctor, who can support and guide you, and refer you to a counsellor or psychologist if necessary. There are also online programs that can help you develop skills to cope with your anxiety.

I know the fear of this illness returning will never go away entirely. – Ron

See the 'More information' section to find out about online programs to help you cope with anxiety, and for information on Medicare rebates for psychologist visits.

Finding the 'new you'

After treatment is finished, many people diagnosed with cancer expect things to go back to the way they were before cancer; however, this doesn't always happen. Often they feel as though their lives have changed and they are not the same person they used to be. Sometimes people tell us that they feel scared when their treatment is finished as it means they no longer have regular contact with their specialist doctors. They worry about their breast cancer coming back.

It may make you sad to realise that your life may not return to how it was before your diagnosis. However, many people find a new, joyful life after breast cancer. This is sometimes referred to as a 'new normal'. It is a common experience, which may see you exploring new approaches to life and re-prioritising your values and focus. Many people enjoy their 'new normal' and the new focus it gives to their lives.

I was diagnosed at 58, and now at 75 years I still live an active life. – Alan

Four years have gone by since the discovery of my cancer, and I am now able to openly talk with other people about my situation. I don't try to hide the fact that I am a male who has had a mastectomy for breast cancer. – Norman

Three years ago I was diagnosed with breast cancer and I had a mastectomy. Six months ago I noticed a lump in my other breast. Tests proved that it was cancer and I had another mastectomy. My surgeon said that it was a case for the record books for a man to have two mastectomies. I am now 91 years old, in remission and on tamoxifen for the next five years, but I am getting on with my life. I go for a walk every day and play competition bowls twice a week. – Jack



More information

Resources

Breast Cancer Network Australia (BCNA)

BCNA provides a range of information resources on breast cancer treatment and care. While we refer to women with breast cancer throughout our publications, much of the information is relevant to men diagnosed with breast cancer.

BCNA's website www.bcna.org.au has reliable, accurate information about breast cancer treatment and care, including information on treatment-related side effects.

The following resources can be downloaded or ordered free of charge from our website or by calling BCNA on 1800 500 258:

- *My Journey Kit* – comprehensive information for people newly diagnosed with early breast cancer.
- *Hope & Hurdles* – comprehensive information for people diagnosed with secondary breast cancer.
- BCNA's fact sheets and booklets – covering a variety of topics on breast cancer treatment and care, including breast cancer pathology, hormone therapies and their side effects, hair loss, lymphoedema, depression, sexual wellbeing, practical and financial issues relating to breast cancer, patient assisted travel schemes, lymphoedema compression garment subsidies, clinical trials and travel insurance.

Also available on our website:

- *Male breast cancer* webpage – includes information specifically for men diagnosed with breast cancer.
- *Personal stories* section – men diagnosed with breast cancer share their experiences.
- Online network – for people diagnosed with breast cancer and their families and friends to connect and share with others in a similar situation. A private group for men diagnosed with breast cancer is available on the network.

- Local Services Directory – a directory to help you find breast cancer-related support and services in your area.

Cancer Australia

Cancer Australia's *Breast cancer in men* website includes information about breast cancer treatment and care, as well as information on depression and anxiety, fatigue, loss of libido, issues with self-esteem and body image, impact on family and friends, how to tell others about your diagnosis, and the impact your diagnosis may have on your work.

Visit <http://breastcancerinmen.canceraustralia.gov.au>.

A printable copy of this information is available on the home page.

Cancer Council

- Cancer Council SA's *Breast cancer in men* webpage includes information on the reasons why men can be diagnosed with breast cancer; symptoms and risk factors. Visit www.cancersa.org.au and type 'breast cancer in men' in the search field.
- Cancer Council QLD's *Learn to relax* podcasts guide you through the basics of relaxation, deep breathing and restfulness. Visit www.cancerqld.org.au.

Breast Cancer Care UK

Breast Cancer Care UK's website contains information on male breast cancer; including a comprehensive information booklet which can be downloaded. Visit www.breastcancercare.org.uk.

Cancer Research UK

Cancer Research UK's *Breast cancer in men* webpage provides information on breast cancer treatment and care, and includes photos of a man's chest before and after a mastectomy. Visit www.cancerresearchuk.org.

American Cancer Society

This USA-based website includes information on male breast cancer treatment and care, its effects on men's emotional wellbeing, and the latest research into breast cancer in men. Visit www.cancer.org.

Breastcancer.org

This USA-based website includes information on male breast cancer treatment and care. Visit www.breastcancer.org.

National Cancer Institute

This USA-based website contains information on male breast cancer treatment and care. Visit www.cancer.gov and type 'Male breast cancer treatment' into the search field.

Cancer.net

This USA-based website contains information on male breast cancer treatment and care. Visit www.cancer.net/cancer-types/breast-cancer-male.

Malebreastcancer.ca

This Canada-based website includes information on male breast cancer treatment and care, and personal stories from men diagnosed with breast cancer. Visit www.malebreastcancer.ca.

beyondblue

beyondblue has information on depression and anxiety and where to find help. Visit www.beyondblue.org.au or call 1300 224 636.

CanTeen

CanTeen's *Now What?* website is for young people aged 12–24 years who have a family member with cancer. It aims to help them cope by providing information, which can increase understanding, confidence and a sense of control. Young people can also connect with others in a similar situation and share their stories so they know they are not alone. Free information booklets can also be ordered from the website. Visit www.nowwhat.org.au.

Support for emotional wellbeing

Medicare-subsidised mental health plans

If your GP believes that you would benefit from ongoing counselling, she or he can refer you to an appropriate specialist, e.g. a psychologist or social worker. You will be entitled to up to 10 Medicare-subsidised appointments with the specialist. For more information, speak with your GP.

Cancer Council

- Cancer Council Helpline
13 11 20

The Cancer Council Helpline is a free, confidential telephone information and support service run by Cancer Councils in each state and territory. It is available to anyone affected by cancer, including partners and other family members. Trained health professionals are there to speak with you about breast cancer treatment and care, the financial and practical issues on cancer, and can refer you to other services in your area.

- Cancer Connect
13 11 20

This is a service run by the Cancer Council in each state and territory. People diagnosed with cancer, or family and friends are able to connect with someone who has been through a similar cancer experience. The service is free and confidential.

- Cancer Connections
Cancer Connections is an online forum that allows you to connect with others in a similar situation.
Visit www.cancerconnections.com.au.

Relationships Australia

Relationships Australia offers relationship counselling as well as other counselling services. Most of the counselling services are face-to-face, but there are also some online and telephone counselling services for people in remote areas (in some states only).

Visit www.relationships.org.au or call 1300 364 277.

MensLine Australia

MensLine Australia is a telephone support and information service for men with relationship issues. Visit www.mensline.org.au or call 1 300 789 978.

Free online programs to assist with anxiety or depression

MindSpot

MindSpot is a free telephone and online service for Australians experiencing stress, worry, anxiety, low mood or depression. MindSpot provides mental health screening assessments, therapist-guided treatment courses and referrals. Through the website, you can access a Wellbeing Course which provides useful information and practical skills to help manage symptoms of depression and anxiety. Visit www.mindspot.org.au.

e-couch

e-couch is an interactive self-help program with modules for depression, anxiety and worry, social anxiety, relationship breakdown, and loss and grief. It provides evidence-based information and teaches strategies to help you cope. Visit www.ecouch.anu.edu.au.

Practical services

Look Good ... Feel Better for Men

Look Good ... Feel Better for Men is a free workshop-based program that teaches men diagnosed with cancer to manage some of the appearance-related side effects of their treatment. Its aim is to help improve people's confidence and body image. Visit www.lgfb.org.au or call 1 800 650 960.

Seek out support that is available to you like family, friends, doctors and nurses. Ask lots of questions and get as much information as you can to understand the disease. I found reading online forums, books and pamphlets helpful. – Matthew

Acknowledgements

BCNA thanks the men diagnosed with breast cancer, and their family members, who assisted with the development of this booklet.

We also thank the following health professionals for their assistance with clinical advice:

Dr Diana Adams, Medical Oncologist

Ms Jo Gniel, Oncology Counsellor

Dr Mustafa Khasraw, Medical Oncologist

Associate Professor Nicole McCarthy, Medical Oncologist

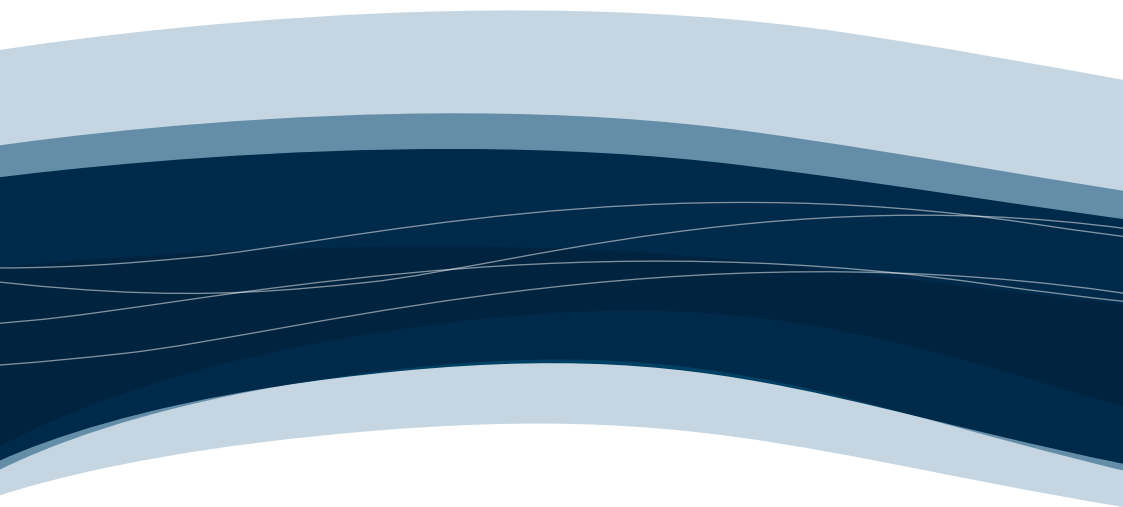
Dr Kylie Snook, Breast Surgeon

Associate Professor Andrew Spillane, Surgical Oncologist

Associate Professor Jane Turner, Psychiatrist

Associate Professor Nicholas Wilcken, Medical Oncologist





Breast Cancer Network Australia

293 Camberwell Rd
Camberwell VIC 3124

1800 500 258
www.bcna.org.au