

Male Patients With Breast Cancer

Addressing needs using an educational task force

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BACKGROUND: Although breast cancer is most frequently diagnosed in women, it is also diagnosed in men in rare instances. Few studies have evaluated the needs of men with breast cancer.

OBJECTIVES: The purpose of this project was to identify gaps in the educational and psychosocial needs of men with breast cancer and to implement appropriate interventions for practice.

METHODS: Based on the evidence, a Male Breast Cancer Educational Task Force was formed to evaluate existing resources for gender bias, and to develop additional resources targeted toward male patients with breast cancer. In addition, task force members identified several male patients with breast cancer willing to speak one-on-one with any male patients who received a diagnosis.

FINDINGS: Following implementation, patients completed a survey to assess their satisfaction with the modified resources. Initial patient feedback demonstrated high satisfaction.

KEYWORDS

male breast cancer; patient education; psychosocial support; gender neutrality

DIGITAL OBJECT IDENTIFIER

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MALE BREAST CANCER ACCOUNTS FOR LESS THAN 1% of all breast cancer cases in the United States (American Cancer Society [ACS], 2018). An estimated 2,550 men will be diagnosed with invasive breast cancer in 2018 compared to 266,120 women (ACS, 2018). According to the Surveillance, Epidemiology, and End Results (SEER) database, from 1973–2008, male breast cancer made up 0.6% of all breast cancers (Fields, DeWitt, Fisher, & Rabinovitch, 2013). Consistent with incidence in the United States, approximately 410 men were treated for breast cancer compared to 40,000 women at Memorial Sloan Kettering Cancer Center (MSKCC) from 1997–2017 (J.E. Howard, personal communication, December 5, 2017).

Background

Although the incidence of breast cancer in men remains low, it has slightly increased, from 1 to 1.3 cases per 100,000 men from 1975–2014 (ACS, 2017). The number of estimated deaths in men is 480 compared to 40,920 in women (ACS, 2018). This represents a slight decrease in men, from 0.4 to 0.3 deaths per 100,000 from 1975–2015, which is believed to be because of treatment improvements (ACS, 2017). The median age at diagnosis in men is 65–69 years old compared to 60–64 years in women. In addition, men are often diagnosed at a more advanced stage than women (Fields et al., 2013). Treatment options are similar for men and women and include surgery, radiation therapy, chemotherapy, and/or hormonal therapy. Although breast-conserving surgery may be an option in select cases, the majority of men are treated with mastectomy (Cardoso et al., 2018; Zaenger, Rabatic, Dasher, & Mourad, 2016). Most men with breast cancer are hormone receptor-positive and are treated with tamoxifen (Cardoso et al., 2018).

Because of the rarity of the disease, male breast cancer receives far less attention in healthcare settings, the media, and the general population than female breast cancer. Most of the male breast cancer literature focuses on risk factors, disease presentation, treatment, and prognosis. Few studies have examined the psychosocial sequelae in men; of those available, most are qualitative and involve small study samples. In contrast, numerous studies have been conducted on women with breast cancer. Common psychosocial issues in women include anxiety, depression, sexuality and body image changes, and difficulty coping (Matthews, Grunfeld, & Turner, 2017).