Breast cancer in men: Yes, it can happen

Breast cancer is one of the most common cancers in the United States, says Heather Thompson. And she would know. Thompson is a breast health navigator at OSF HealthCare, helping patients navigate appointments, insurance and more. And Thompson is, herself, a breast cancer survivor.

But what many in the cancer space might not realize, Thompson says, is that breast cancer can affect men. It's rare, with 1% of men statistically getting it, Thompson says. But it's worth knowing how to spot, prevent and treat it.

"There can be severe cases. A lot of times, men don't notice things or worry about things like women might," Thompson says. "The cancer is there longer and has a chance to metastasize [spread] and get into their lymph nodes. A lot of times, men will get gynecomastia. That can cause swelling in the breast tissue and a mass." Those gynecomastia masses can limit a man's ability to feel a cancerous lump, delaying care.

Breast cancer basics

Genetics (i.e. a family history of cancer), alcohol use and smoking all put you at a higher risk for breast cancer.

So do men need to do monthly self-checks and get mammograms like women are told to? Not always, Thompson says. You should talk with your primary care provider about a plan, especially if you have a family history of breast cancer. That plan could involve genetic testing or blood work to check estrogen levels (since estrogen feeds cancer cells). But day to day, Thompson says to just keep an eye on your breasts. Look for inverted nipples, lumps, redness or achiness.

"Men really do not require regular screening or imaging for breast tissue. That is not in the American Cancer Society guidelines or any other guidelines," Thompson says. "However, men should monitor their bodies for anything irregular. Then, get it addressed right away. Don't wait. You might be in that 1%." Thompson adds that if any type of cancer spreads, it can be fatal.

Treatment for male breast cancer typically involves a mastectomy, or the removal of breast tissue, Thompson says. This could be after cancer is found. Or it could be preventive if you're at high risk, like the case of actress Angelina Jolie.

"There's not much tissue that a man has," Thompson points out, allaying fears that your chest will look significantly different. She says you won't have a nipple, and your chest will be flat. But that's about it. "We will still test those lymph nodes during surgery to make sure the cancer hasn't spread.

"After that, there's special testing called oncotype," she adds. This looks at the likelihood of cancer returning. "If it's a high score, those people sometimes have to have chemotherapy or radiation."

Changing minds

Thompson knows men can be apprehensive about seeing a doctor in general. But when breast cancer enters the conversation? She's heard things like "I'm not a woman. I don't need to worry about that."

At OSF Moeller Cancer Center in Alton, Illinois, where Thompson works, she sees one to two men per month come in for imaging. Most, she says, are cases of gynecomastia that can be managed by the person's primary care provider. But some do hear the words "It's cancer."

"I tell them they're not alone," Thompson says. "Other men have gone through this. We have a roadmap to treat it."

Learn more

Read more about cancer care, specifically breast cancer care, on the OSF HealthCare website. Cancer care at OSF includes the OSF Cancer Institute in Peoria, Illinois.