

Male Breast Cancer Awareness: Showing an Ounce of Prevention is Worth a Pound of Cure

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Abstract

In 2012, the American Cancer Society (ACS, 2012) approximates 2,190 new instances, along with 410 deaths in relation to breast cancer in men. Due to the little incidence and exposure of male breast cancer, many high-risk men are oblivious to the fact that they are more likely than the average American, to develop breast cancer. A qualitative study involving Dr. John B. Wilkinson, a radiation oncologist, was carried out in order to further investigate these aspects. This research is unique because it acknowledges a physician's view on the experience, awareness, and health care policy relating to male breast cancer. Although the incidence of breast cancer in males occurs much less frequently than in females, the general public should not have the distorted ideation that it does not occur at all. Furthermore, knowledge to the general public and accessibility to health information and health services for this disease should be increased. More people could be educated, by means of public service announcements or a new breast cancer commercial that involves both genders. The potential approaches provide a stepping stone for increasing the understanding and prevention of male breast cancer, because showing an ounce of prevention is worth a pound of cure.

Keywords: male breast cancer, breast cancer, awareness, diagnostic services, health care policy

Male Breast Cancer Awareness: An Ounce of Prevention is Worth a Pound of Cure

Male breast cancer affects very few men in the United States each year. For example, in 2012 the American Cancer Society (ACS, 2012) approximates 2,190 new instances, along with 410 deaths in relation to breast cancer in men. Since the number of cases affecting males is low compared to females, the media has had a substantial impact in generating the common viewpoint that breast cancer only affects women. Various “pink-ribbon” campaigns are heard every hour across radios and televisions alike, stressing the risk to all female figures. As a result, this one-sided view has inadequately informed the general public and, more importantly, men about breast cancer developing in the Y-chromosome.

Literature Review

Due to the little incidence and exposure of male breast cancer, many high-risk men are oblivious to the fact that they are more likely than the average American, to develop breast cancer. An interview study prompted by Eileen Thomas (2010) consisting of 28 at-risk, English-speaking male participants revealed the little knowledge these men possessed about breast cancer in men. Out of the 28 participants, only six revealed that they contained some knowledge about men developing this particular cancer (Thomas, 2010). When asked about educating strategies, the partakers sought it vitally important to inform other at-risk men, by means of informative brochures in male dominate environments or simply by word of mouth.

A recent study comparing the mortality outcomes between genders with breast cancer, depicted based on patient characteristics, that men exhibited detection of this cancer at later stages when evaluated next to their female counterparts (Deshpande et al., 2011). Similar to

other studies, Deshpande et al. (2011) correlated the later stages to the insufficient consciousness of this disease. Early detection is crucial for effective treatment of any cancer, especially breast cancer. Through the use of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), many low-income women have received screenings and diagnostic services through Medicaid coverage. According to the Centers for Disease Control and Prevention (CDC, 2011), the breast cancer mortality rate has lessened by a fair percentage in the last couple of years. The decreasing numbers of breast cancer related deaths are seen as a result of the implantation of the NBCCEDP and its underlying legislature. Consequently, more women are provided with covered screenings to discover the disease at an earlier stage.

Although the decreasing mortality rates among women due to implementation of this program is a great advancement, low-income men with breast cancer, on-the-other-hand, have had a difficult time obtaining similar Medicaid coverage. Several men have been denied coverage, because they do not meet the gender requirement under the NBCCEDP (Paddock, 2011). As a result of the exclusion of men to Medicaid coverage, women's rights activists Lipton-Lubet, Murphy, and Park (February 2, 2012) wrote to the Centers for Medicare and Medicaid Services (CMS); in the hope of the CMS action in eliminating the current gender requirement. Lipton-Lubet, Murphy and Park (2012) suggest the Treatment Act of 2000 is unconstitutional on its behalf of violating "the equal protection guarantee of the Fifth Amendment of the U.S. Constitution and the antidiscrimination provision of the Patient Protection and Affordable Care Act of 2010" (p. 3).

Men experience the various stresses of having this disease, because it is more often times than not discovered in women. Attributed to the one-sided view on breast cancer, males

feel that their masculinity is lessened. In a health-related quality of life study between male and female German breast cancer patients, men showed that by having breast cancer it significantly impacted their physical role as a man (Ernstmann et al., 2012). Likewise, in Thomas' (2010) study 43 percent of the individuals indicated they would possibly have reservations pertaining to their manhood. An advance in understanding could help men with breast cancer to form social groups and comfortably talk with others facing a similar situation.

Informing legislators and state representatives about male breast cancer and the current effects of inadequate awareness and screening coverage, for low-income individuals; serves the purpose for their help in enticing a vast change in the way breast cancer is viewed. Spreading the word about this disease developing in both sexes can potentially educate men, in particular those with a high-risk of developing breast cancer. This education can convey, to males, the characteristics of an abnormality in the chest wall and when to seek medical attention.

Methods

Due to the limited studies available concerning breast cancer in males and the possible effects of deficient awareness, a qualitative study was carried out in order to further investigate these two aspects. An interview was requested of John B. Wilkinson, MD, and preceding consent was given on February 19, 2012. Wilkinson works as a radiation oncologist for the Beaumont Hospital system in the greater metro Detroit area. He is very proactive in his field of expertise by means of being a member of the American College of Radiation Oncology and Oakland University's William Beaumont School of Medicine. Even more, Wilkinson has stretched beyond the normal role of a radiation oncologist and has been involved in multiple

studies, some of which include breast cancer research in relation to specific treatment outcomes.

A series of eight open-ended questions were sent to Wilkinson via e-mail on March 30, 2012. The first couple of questions referred to his personal experiences, entailing the first time he obtained knowledge of breast cancer in men and his probable interaction amongst male patients. Following questions regarded his medical field at-large and the knowledge of this disease discussed in various conferences or studies. Inadequate awareness and current medical coverage disputes of diagnostic screenings summed up the remainder of questions.

Gaining valuable insight relating to breast cancer, especially in males, was an intended outcome of this interview. Sought further was the desired perspective held by a physician who strictly works with numerous cancer patients.

In accordance to every other study, weaknesses are present in the implementation of the research. This study's limitations include a self-selected individual and self-reporting factors. Both equally influence the outcome of given responses, even when avoided in the up-most manner. Similarly, space for potential biases could arise in relation to the small sample size interviewed.

Results

Wilkinson replied back with extensively detailed responses on April 4, 2012. Starting first and foremost with his personal experience of breast cancer in men. This topic was brought to his attention during his medical school education. Special consideration was given to this disease when discussing the presence and involvement of gene mutations. Due to his abundant knowledge in breast cancer he mentions that all internal medicine physicians should not take

the incidence of an abnormal lump in the chest wall lightly. During his residency he acknowledged contact amongst a male with breast cancer. Although Wilkinson has had experience with these individuals, he does state that because of the rare occurrence his department has not conducted any studies focusing on breast cancer in males. Continuing with the aspect of breast cancer in men among physician education and research, he affirms that it is not a popularly discussed topic at seminars or conventions. Wilkinson deems this non-existent communication is partly for the reason that “nearly all the recommendations for initial staging, diagnosis, treatment and follow-up are identical for female and male forms of breast cancer.”

In connection with the next occurring theme of awareness, he expresses that women diagnosed with this disease are provided abundant resources pertaining to their cancer, unlike men. Due to the limited understanding and notification, men are found stunned upon diagnosis. Similarly, many men avoid disclosing an abnormality to their physician. Scare implementation of self-exams and notification is suggested by Wilkinson to have some correlation with the later stage of diagnosis among men. Accordingly, he states that breast exams for all males would be unnecessary because screening at the “health care level” is based on the measure of one’s risk. These patients commonly have a “family member who has been diagnosed with breast cancer at an early age or has been diagnosed with ovarian cancer.” Wilkinson believes that since mammograms have been shown to help increase the survival rate among women patients, it could in fact be a great benefit for males as well.

Concluding with health care disputes involving men with breast cancer, he sympathizes to the fact that in general, many individuals are not covered even though American’s pay “significant amounts” for health-care coverage. Wilkinson describes that his employer,

Beaumont Hospital health system, works hand-in-hand with the patient or family to provide affordable services. Paying over a length of time or reduced rates are two possible options made available through the Beaumont system. Ultimately, Wilkinson finds it discouraging that patients discontinue the needed treatment or services, because they simply do not qualify for health care coverage or cannot maintain coverage. He, without a doubt, considers it a must to support patients and offer them the best of needed services possible.

Discussion

Male breast cancer demands more attention than what it currently receives. As predicted, Wilkinson confirmed that the little incidence and exposure of male breast cancer has kept many high-risk men oblivious to the point that they are more likely than the general population, to develop this disease.

“Men get prostate cancer and women get breast cancer” (Thomas, 2010). In Thomas’ (2010) study, one participant admitted to not being acquainted with information about male breast cancer. Shocking enough this at-risk man had a medical background as a physician. This disclosure is in great contrast to Wilkinson’s evident knowledge of breast cancer in men during his medical education. Unattained information like this could possibly be due to the scarce up-bringing of this topic at medical seminars and conventions, which Wilkinson makes a point of. Discussion of topics provokes new comprehension of probable material. Furthermore, conversation of this topic can encourage men to be more open about their diagnosis. Thus, diminishing views in the manly population reminiscent of, “I wouldn’t tell anyone, I would be afraid of the stigma” (Thomas, 2010).

Wilkinson's response of the later discovery in male patients is hypothesized as a potential effect of the insufficient relay of information on this topic. Several studies (Ernstmann et al., 2012; Deshpande et al., 2011) have also concluded Wilkinson's same concept. Encouragement of self-exams, in response to later diagnosis, is seen as an essential component of physical examination amongst high-risk males (Thomas, 2010). For the reason that female breast cancer is the common ground for males with this disease, mammograms are recognized to be another beneficial method of finding and monitoring any abnormalities in the chest wall (ACS, 2012). Mammogram screenings provided by the NBCCEDP in females has shown to be highly-effective in significantly lowering the rate of mortality (CDC, 2011). Implementing this screening in the direction of male patients could likely showcase the same results. Especially, since male patients display a higher mortality rate due to breast cancer than their female counterparts (Deshpande et al., 2011).

Likewise, on the subject matter of effective diagnostic and treatment services, some American's find health care coverage a privilege and not a given right. In other words, one must work for what they expect to receive in return. In the case of life-threatening diseases some take an alternative mind-set, which is one of the subject matters of Lipton-Lubet, Murphy and Parks' (2012) letter. Gender equality and accessibility to health care is a very important topic to women's rights activists in Washington. However, physicians whose normal role is at the bedside may be better serving their patients through lobbying efforts and in raising public awareness. Unfortunately, Paddock (2011) makes no reasonable mention if the inflicted man was able to work out a payment plan with the servicing hospital. Perhaps, if health care

facilities better publicized available financial plans, it could aid to the amount of people being screened, increasing the likelihood of catching cancer at an earlier stage.

Many studies with involvement of this topic, focus more upon the patients themselves and statistical data. Nonetheless, this research is unique because it acknowledges a physician's view on the experience, awareness, and health care policy relating to male breast cancer.

By reason of the rare occurrence and knowledge on this topic, there are only a limited amount of studies available. Consequently, there are not many, if at all, contradicting viewpoints on male breast cancer and if men should receive equal coverage for services like females. Some of the sources do present their studies with a biased viewpoint, either in the way of limiting potential subjects or leaving out important gender-specific information.

Although the incidence of breast cancer in males occurs much less frequently than in females, the general public should not have the distorted ideation that it does not occur at all. Furthermore, knowledge in the general public and accessibility to health information and health services for this disease should be increased. More people could be educated, by means of public service announcements or a new breast cancer commercial that involves both genders. However, these forms of media should be used in moderation, in order to get the word out but not to overexpose a fairly uncommon disease. Legislators and state representatives should use their voice to advocate for a change of the NBCCEDP, in which to provide screenings and services for low-income men and women. As a result, the mortality rate due to breast cancer could decrease among both genders. Likewise, men could be diagnosed at an early stage, yielding better treatment and outcome. Lastly, a walk could be organized in the breast cancer awareness month, of October, to show support and raise donations for males

who are currently fighting this disease. All of these various approaches provide a stepping stone for increasing the understanding and prevention of male breast cancer, because showing an ounce of prevention is worth a pound of cure.

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