

Male Breast Cancer Stages

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After breast cancer has been diagnosed, tests are done to find out if cancer cells have spread within the breast or to other parts of the body. This process is called staging. The information gathered from the staging process determines the stage of the disease. It is important to know the stage in order to plan treatment. Breast cancer in men is staged the same as it is in women. The spread of cancer from the breast to lymph nodes and other parts of the body appears to be similar in men and women.

Stage 0 and stage I male breast cancer: For most men in this group, surgical removal of the cancer is the only treatment needed. This is usually done by mastectomy and removal of lymph nodes under the arm.

Lumpectomy or other breast-conserving procedures are rarely an option since the whole breast can be removed under local anesthesia. If breast-conserving procedures are done, they should be followed by radiation therapy.

Chemotherapy and/or adjuvant (additional) therapy with tamoxifen may be recommended for some men with stage I breast cancer, depending on its size and results of lab tests. Adjuvant therapy is used for tumors larger than 1 cm (about one-half inch) or with high growth rates.

Stage II male breast cancer: The options for surgery and radiation therapy are the same as with stage I cancers. But if the nodes contain cancer cells, adjuvant therapy is usually recommended. Hormonal therapy is suggested for all node-positive, estrogen receptor-positive tumors. Chemotherapy is also usually recommended. Choices about chemotherapy may be influenced by a man's age and general state of health. It is less likely to be chosen for older men, particularly those in poor health.

Radiation may also be recommended if several nodes are involved. Radiation therapy not only reduces the chance that the cancer will come back in the area of the breast, but it may actually increase the chance for cure. When node-negative cancers involve the chest muscle or the skin, radiation therapy after surgery may reduce the risk of local recurrence.

Stage III male breast cancer: This stage will be treated with surgery, followed by adjuvant tamoxifen therapy (if the tumor is estrogen or progesterone receptor positive) and chemotherapy. In addition, most doctors would recommend radiation therapy to the chest wall.

Stage IV male breast cancer: Systemic therapy is the primary treatment, using chemotherapy, hormonal therapy, or both. Immunotherapy with trastuzumab (Herceptin) alone or in combination with chemotherapy is an option for men whose cancer cells have high levels of the HER2/neu protein. Trastuzumab is generally not the initial treatment for these men, however, and is usually started after standard hormonal and/or chemotherapy is no longer effective.

Radiation and/or surgery may also be used to treat certain symptoms. Treatment to relieve symptoms depends on where the cancer has spread. For example, pain resulting from bone metastases may be treated with external beam radiation therapy and/or bisphosphonates such as pamidronate (Aredia). Bisphosphonates are drugs that can help prevent bone damage caused by

metastatic breast cancer. (For more information about treatment of bone metastases, see our document "Bone Metastasis.")

2 **Recurrent male breast cancer:** If a patient has a local (breast or chest wall) recurrence and no evidence of distant metastases, cure is still possible. Surgical removal of the recurrence, followed by radiation therapy, is recommended whenever possible. If the area has already been treated with radiation, it may not be possible to give much or any additional radiation without severely damaging the normal tissues. Distant recurrences are treated the same way as metastases found at the time of diagnosis.

Recurrent Male Breast Cancer

Recurrent breast cancer is cancer that has recurred (come back) after it has been treated. The cancer may come back in the breast, in the chest wall, or in other parts of the body.

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