

Insights on Male Breast Cancer and its Treatment

Mohammad Ali*

Department of General Surgery, Pakistan Institute of Medical Sciences, Islamabad, Pakistan

Corresponding author: Mohammad Ali, Department of General Surgery, Pakistan Institute of Medical Sciences, Islamabad, Pakistan, Email: alim@gmail.com

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Description

Male Breast Cancer (MBC) remains an uncommon yet clinically relevant ailment, constituting less than 1% of all breast cancer occurrences. Although its frequency is low in comparison to Female Breast Cancer (FBC), it presents distinct hurdles in diagnosis and therapy. MBC generally manifests at a later stage, often attributed to insufficient awareness among both individuals and healthcare professionals. This postponed identification leads to more advanced disease at the time of diagnosis, with increased metastasis rates and poorer outcomes compared to female counterparts. Additionally, diagnostic delays in men can vary from five to ten years, highlighting the urgent necessity for enhanced awareness and early detection methods, especially in vulnerable groups.

Despite its infrequency, MBC has significant ramifications for individual patients and the healthcare system. The emergence of a painless lump in the breast, as illustrated by the 56-year-old male in this account, is the most prevalent clinical symptom. However, many patients hesitate to seek medical assistance, complicating the early detection process. This problem is worsened by the lack of routine screening programs for MBC, which predominantly target women. The absence of these programs in many regions of the world, especially in areas like Pakistan, where this case was reported, leads to diagnoses at more advanced stages, often with metastatic spread, thereby restricting treatment options and hindering patient survival rates.

Risk factors associated with MBC

Risk factors associated with MBC are multifaceted, including age, hormonal discrepancies, radiation exposure and family history. In this specific case, the patient was not found to have a known familial risk or genetic mutations such as breast cancer gene 1 or breast cancer gene 2, typically linked to breast cancer in both genders. However, the diagnosis of MBC in men with no evident genetic predisposition highlights the necessity for broader acknowledgment of environmental and lifestyle factors, such as alcohol intake, smoking and exposure to endocrine-disrupting substances that may elevate the risk. The patient's extensive smoking history illustrates that such elements may significantly influence the development of MBC.

Regarding treatment, managing MBC often resembles that of FBC, with surgical intervention, chemotherapy and radiotherapy forming the foundation of therapeutic strategies. The case reviewed illustrates a standard treatment regimen entailing Modified Radical Mastectomy (MRM), which continues to be the predominant surgical option for advanced MBC. Given that male patients frequently present with larger tumors and more aggressive variants of the disease, MRM is often preferred over breast-conserving surgery. In this individual's case, the tumor size, in conjunction with the involvement of axillary lymph nodes and dermal alterations, warranted the decision for mastectomy.

While chemotherapy is an important component of the treatment protocol, the decision to provide neoadjuvant chemotherapy is intricate. In this instance, although neoadjuvant chemotherapy can enhance disease-free survival, the patient was unable to undergo the recommended treatment due to financial limitations. This predicament highlights a significant concern in cancer care, particularly in low- and middle-income nations where the expense of cancer treatment can be overwhelming. The absence of financial resources can result in suboptimal treatment and adversely affect patient outcomes. This case underscores the pressing need for more affordable healthcare solutions and the availability of funding for cancer care, including governmental or non-governmental organizations that might offer support to financially disadvantaged individuals.

Another essential aspect of managing MBC is the tumor's molecular profiling. Hormonal receptor status, such as Estrogen Receptor (ER), Progesterone Receptor (PR), are standard prognostic indicators in breast cancer. However, MBC displays a distinct receptor profile compared to FBC, with a higher likelihood of expressing Estrogen Receptor Beta (ER- β) instead of Estrogen Receptor Alpha (ER- α). This variation in receptor expression can influence treatment strategies, particularly regarding hormone therapy. In this case, the patient's tumor was negative for ER, PR, indicative of a more aggressive form of the disease and lesser sensitivity to hormonal treatments. These findings stress the need for personalized treatment strategies based on tumor biology and highlight the potential requirement for targeted therapies in the future.

Conclusion

In summary, male breast cancer is a rare yet serious condition that necessitates early identification, awareness and prompt treatment. This case showcases the obstacles encountered in the diagnosis and management of MBC, especially in areas with inadequate healthcare access. It also emphasizes the importance of addressing financial impediments to guarantee

that all patients receive suitable and thorough care. Progress in understanding the molecular features of MBC, along with the creation of more accessible and affordable treatments, is important for enhancing outcomes and survival prospects for male patients. Moreover, increased awareness and screening initiatives are vital to ensure that men at risk of developing breast cancer obtain timely and effective medical attention.