

Men get breast cancer too



About us

Breast Cancer Network Australia (BCNA) is the peak national organisation for Australians affected by breast cancer. We provide a range of free resources, including the *My Journey Kit* for women newly diagnosed with breast cancer and *Hope & Hurdles* for women with metastatic breast cancer. Our free twice-yearly magazine, *The Beacon*, includes stories from women sharing their experiences, as well as information on a wide range of breast cancer issues. Visit our website bcna.org.au for more information or to connect with others through BCNA's online network.

BCNA's partners and sponsors raise much needed funds to ensure we can continue to support people affected by breast cancer.

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Introduction

This booklet has been written for men with breast cancer. It includes information about the treatment of breast cancer in men, and some of the issues that men may face after a diagnosis. It also outlines the information and support available for men with breast cancer.

Although most Australians diagnosed with breast cancer are women, many people are surprised to learn that men can develop breast cancer too. In Australia, around 150 men are diagnosed with breast cancer every year.

Breast cancer? Impossible! I thought only women got breast cancer. – **Norman**

Most men survive breast cancer. In Australia, 85 per cent of men diagnosed are alive five years later. The majority of men recover and the breast cancer does not return.

This booklet is written to help you understand you are not alone. We hope that you will find information and support here to help you.

I am grateful for the lessons learnt through my illness and know that I will live the rest of my life wisely and well. – **Ron**



Why do men develop breast cancer?

Like women, men have breast tissue, although in smaller amounts. This means that men can develop breast cancer, although it is not common. The risk of a man being diagnosed with breast cancer before the age of 85 is one in 688. The risk of a woman being diagnosed with breast cancer before the age of 85 is one in eight.

It is important to remember that the causes of breast cancer are not clear or simple. It helps not to focus too much on the 'why'. Instead, try to turn your focus to the things that are in your power to control, like your treatment decisions and looking after yourself.

A number of factors can increase a man's risk of developing breast cancer. These are outlined below.

Age

A man's risk of developing breast cancer increases with age. The average age of diagnosis in Australian men is 69, although men of all ages can be affected.

A known BRCA gene mutation or a strong family history

Men who carry an inherited BRCA2 (and rarely a BRCA1) gene mutation or who have a strong family history of breast cancer are at an increased risk of developing breast cancer. Most men who develop breast cancer do not have a BRCA gene mutation or a strong family history. If you are concerned that your family may have an inherited genetic mutation, or if your family has a strong family history of breast cancer, you may like to speak with your GP who can refer you to a family cancer clinic for assessment.

Hormonal imbalances

All men's bodies produce a small amount of the female hormone oestrogen, as well as male hormones such as testosterone. Men who have higher than normal levels of oestrogen may be at an increased risk of developing breast cancer. Oestrogen levels can be higher in men who:

- are overweight or obese (because fat cells produce oestrogen)
- have long-term liver conditions such as cirrhosis
- have some genetic conditions, such as Klinefelter's syndrome have elevated levels of the pituitary hormone prolactin

Past radiotherapy treatment

There is some research that suggests that men who have had radiotherapy treatment, particularly of the chest area, may have an increased risk of developing breast cancer.

Types of breast cancer

Breast cancer is not a single disease – there are many different types. Your pathology report will have information about your particular type of breast cancer. As a disease, breast cancer in men is very similar to breast cancer in women.

The main types of breast cancer are:

Ductal carcinoma in situ (DCIS)

DCIS is breast cancer which is contained within the ducts of the breast. These breast cancer cells have not spread outside the ducts into the normal surrounding breast tissue (see illustration on page 5). DCIS is sometimes called ‘non-invasive’ breast cancer. If you have ‘invasive ductal carcinoma’ this means that you have early breast cancer (see below).

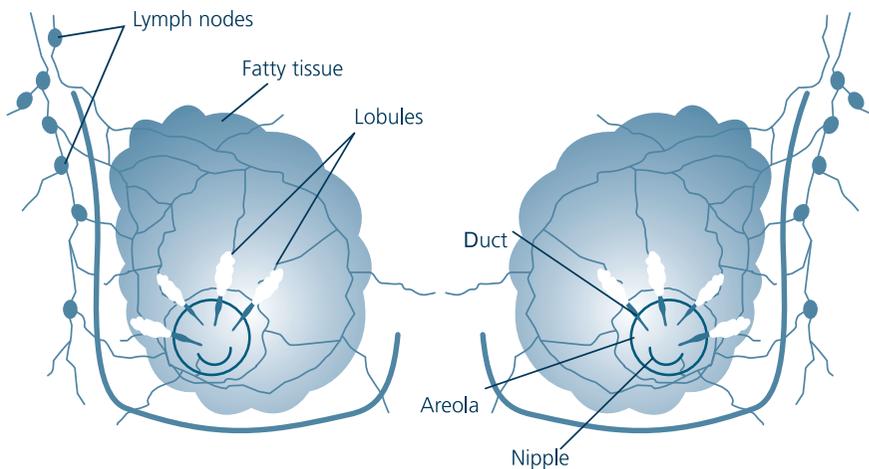
Lobular carcinoma in situ (LCIS)

LCIS is breast cancer which is contained within the lobules of the breast. These breast cancer cells have not spread outside the lobules into the normal surrounding breast tissue (see illustration on page 5). LCIS is sometimes called ‘non-invasive’ breast cancer. If you have ‘invasive lobular carcinoma’ this means you have early breast cancer (see below). LCIS and invasive lobular carcinoma are very rare in men due to the lack of mature lobules in the breast.

Early breast cancer

Early breast cancer is breast cancer that started in the breast’s ducts or lobules and has spread into the surrounding breast tissue. It is sometimes called ‘invasive’ breast cancer. Early breast cancer may also have spread to the lymph nodes in the breast or armpit. Early breast cancer is the most common type of breast cancer in men.

Less common types of breast cancer include:



Locally advanced breast cancer

This is breast cancer that has spread from the breast to other nearby areas such as the chest wall, skin or muscle.

Paget's disease of the nipple

Paget's disease of the nipple is a rare form of breast cancer where cancer cells grow in the nipple or the areola (the area around the nipple). The nipple and areola often become scaly, red, itchy and irritated. Paget's disease of the nipple is often associated with an underlying invasive cancer.

Inflammatory breast cancer

Inflammatory breast cancer is rare and affects the blood vessels in the skin of the breast. The breast is usually red and inflamed. In men there is often an underlying lump.

Metastatic (secondary) breast cancer

Metastatic breast cancer (also called advanced or secondary breast cancer) occurs when the breast cancer cells spread to other more distant parts of the body, such as the bones, liver, lungs or brain.

Hormone and HER2 status

Your pathology report will indicate whether there are any receptors on the breast cancer that cause it to grow. This information will help the medical team recommend the best treatment for you.

Hormone status

'Hormone receptor positive' breast cancer means that the hormones oestrogen and/or progesterone help the cancer cells to grow. Approximately 90 per cent of male breast cancers are oestrogen receptor positive.

HER2 status

'HER2-positive' breast cancers are those where the breast cancer cells produce more of a protein called HER2 than normal. The HER2 helps the cancer cells to grow.

Breast cancer can be both HER2-positive and hormone receptor positive. HER2-positive tumours are rare in men.

Triple negative breast cancer

Triple negative breast cancers (TNBC) are those where neither oestrogen, progesterone nor the HER2 protein help the cancer to grow. Most breast cancers in men are hormone positive and TNBC is rare.



BCNA's Breast cancer pathology fact sheet can help you understand your pathology report. See the 'More information' section (page 22) to find out how to download or order a copy.



It was a particularly difficult time waiting for my results and trying to stay positive. – Matthew

Breast cancer treatments

Learning about breast cancer and its treatment may help you feel more in control. It may also prepare you for what your doctors might discuss with you.

Just as there are many different types of breast cancer, there are many different treatments. The treatment recommended for you will depend on a number of factors, including the type of breast cancer you have (the pathology), other health conditions you may have, and your personal preferences.

This section summarises common breast cancer treatments which can lower the risk of the breast cancer coming back. To find additional resources that explain treatments in more detail, refer to the 'More Information' section of this booklet (see page 22).

Surgery

The aim of surgery is to remove all of the cancer cells from the breast. During the operation, the surgeon will remove the area of breast that is affected by the cancer. The most common type of surgery for men with breast cancer is a mastectomy, where the whole breast (including the nipple and area around the nipple) is removed.

Breast conserving surgery (also called lumpectomy, partial mastectomy or wide local excision), where only the part of the breast with the cancer is removed, is often not suitable for men because of their lack of breast tissue. However it may be an option for small cancers. Breast conserving surgery is usually followed by radiotherapy.

During surgery, it is likely that the surgeon will remove one or some of the lymph nodes from your armpit (axilla) to see if the cancer has spread to the nodes. This will help your doctor decide the best treatment for you.

There are two ways to remove lymph nodes during surgery:

- **Sentinel node biopsy** – the surgeon removes the lymph node where the cancer is likely to spread to first. If cancer is found in this node, you may need more surgery to remove some or all of the remaining nodes, or radiotherapy.

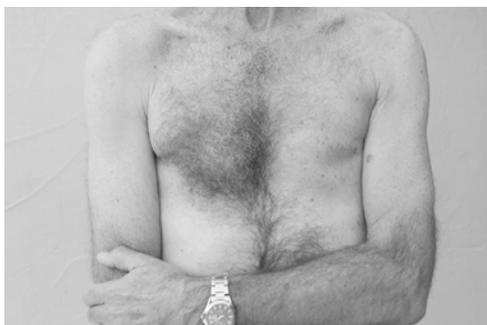
- **Axillary dissection** (also known as axillary clearance) - the removal of some or all of the lymph nodes from the armpit. It's likely that this will only be recommended if an enlarged lymph node under your armpit is affected by breast cancer before your surgery, or if your sentinel node biopsy shows cancer — either during your surgery or afterwards in the final pathology report.

Your surgeon will speak with you about the best surgery option for you.

After the breast cancer is removed, it will be sent to a pathology laboratory to be tested. This will indicate what type of breast cancer it is (the pathology) and will help the medical team to decide what, if any, further treatment may be best for you. For some men, no further treatment is needed.

Radiotherapy

Radiotherapy (also referred to as radiation treatment) is the use of X-rays to kill any cancer cells that may be left after breast cancer surgery. Because there is less tissue in a man's breast area, it is often hard to remove the cancer with a good clear surgical margin. Not all men with breast cancer will have radiotherapy but it is recommended after a mastectomy when there is cancer in the axillary lymph nodes. It is also recommended when the cancer is large or involves the skin, and when the surgical margins are close. Radiotherapy is also recommended after breast conserving surgery. It is a good idea to see a radiation oncologist for an opinion. Radiotherapy is usually given five days a week for around five to six weeks. Each radiotherapy session lasts around 20 minutes. It can make you lose any hair on your chest on the treated side permanently, which some men can find distressing.





Hormone therapy

Hormone therapy drugs are used to treat hormone receptor positive breast cancer, by lowering the amount of oestrogen in the body, or stopping it from feeding the cancer. They are taken in tablet form every day, usually for five years or more. Even though oestrogen levels are lower in men, these treatments can still be very effective. The preferred hormone therapy recommended for men with breast cancer is tamoxifen. Another type of hormone therapy, called an aromatase inhibitor (anastrozole, letrozole or exemestane), may be recommended, although it is thought to be less effective in men than in women. This is because aromatase inhibitors may stimulate oestrogen production in the testicles. More research is needed to explore the possible side effects of aromatase inhibitors in men, and how to combine this treatment with other drugs to make it work more effectively.

Chemotherapy

Chemotherapy is the use of drugs to kill cancer cells that may have started to spread to other parts of the body. Chemotherapy treatment is managed by a medical oncologist. It is usually given through a drip in the arm, which slowly releases the drug into the bloodstream. This is called an intravenous (or IV) infusion. Not all

For more information about breast cancer treatments, including common side effects and practical strategies to manage them, refer to the 'More information' section of this booklet (page 22).



men will need chemotherapy. It is sometimes given if the tumour is larger, has spread to the lymph nodes, is hormone receptor negative or HER2-positive.

Sometimes, if the cancer is large, chemotherapy can also be used before surgery to reduce the size of the tumour and make it easier for the surgeon to remove it. This is called 'neoadjuvant chemotherapy'.

Targeted therapies

Targeted therapies are drugs used to treat certain types of breast cancer. Herceptin is a targeted therapy often used to treat men with HER2-positive breast cancer.

Treatment-related side effects

Sometimes breast cancer treatments can cause unwanted side effects. These vary from treatment to treatment, and can be mild or more severe. Some men tell us that they are reluctant to mention their side effects to a member of their medical team because they assume the side effects are to be expected, and they don't want to complain. If you experience side effects from treatment, talk to a member of your medical team as there are often ways to manage them effectively.

I was on tamoxifen for five years. I had some uncomfortable side effects during the first six months. After that, it settled down. I suffered little discomfort. – Gavin

Breast reconstruction

Breast reconstruction after breast cancer surgery is not common in men. However, it is still worth discussing breast reconstruction with your surgeon as it is sometimes possible to improve the look of the chest area with further surgery.

Your surgeon may be able to perform a reconstruction using your own skin, fat and muscle from your back, abdomen or buttock.

A nipple reconstruction may be an option for some men. This involves rebuilding the nipple and the areola (the area around the nipple), which can then be tattooed to match your nipple colour.

If you prefer not to have further surgery, a nipple and areola tattoo can be performed by itself (without a nipple reconstruction). You



can also opt for a special stick-on nipple prosthesis that stays in place for a few days. These are available to buy from breast prostheses suppliers.

Follow-up care

After your active treatment (surgery and/or chemotherapy and/or radiotherapy) ends, your doctor will recommend a plan for your follow-up care. From around a year after your diagnosis, you will usually have regular follow-up tests such as a mammogram or ultrasound to check your other breast for any changes. Your doctor may also do a physical exam of your breast, chest area and armpits to look for any changes. Follow-up appointments are a good time for you to talk with your doctor about any ongoing side effects that you may be experiencing. If you have a family history of breast, ovarian or prostate cancer, your doctor will refer you to a family cancer clinic. Men with an abnormality in the BRCA2 gene have a slightly higher risk of prostate cancer, and having a blood test (called a 'PSA') may also be recommended.

Between check-ups, it's a good idea to get to know how your breast looks and feels, and speak with your GP if you notice any changes. Swelling and scarring after surgery usually settles down after a few months, as will changes in the breast after radiotherapy. There could be some persistent changes in the colour of your skin (areas may become lighter or darker) and permanent loss of hair on your chest on the treated side.

Many men find that they feel nervous for several days or weeks before their check-up. If you find you get upset or nervous during this time, it might help to plan ways to make it easier for you. You may find it helpful to try relaxation therapy (including deep breathing and muscle relaxation), yoga or meditation to help calm you beforehand, and take someone along to the check-up appointment with you.

In the Cancer Council's Learn to relax podcasts, Australian psychologist Dr Lisbeth Lane guides you through the basics of relaxation, deep breathing and restfulness. To find out how to access the podcasts online, refer to the 'More information' section of this booklet (page 22).



Lymphoedema

When lymph nodes are removed during surgery and/or treated with radiotherapy, this can restrict the flow of fluid from your breast and arm. This can sometimes result in swelling of the arm and hand, known as lymphoedema.

Most people who have surgery for breast cancer do not develop lymphoedema. However, lymphoedema can occur, sometimes even many years after surgery, and people who have had surgery for breast cancer have a lifetime risk of developing it. The Australasian Lymphology Association recommends regular monitoring with a test called bioimpedance (L-Dex), to detect lymphoedema early. If you are having an axillary clearance it sometimes helps to see a lymphoedema therapist before surgery, or in the first month or so after your surgery.



BCNA has a number of fact sheets on lymphoedema, they explain how to reduce your risk of developing lymphoedema, ways to manage it, and information on the lymphoedema compression garment subsidies available in most Australian states and territories. See the 'More information' section (page 22) to find out how to download or order copies.

To help reduce your risk of developing lymphoedema, you may like to ask your surgeon, breast care nurse or physiotherapist to show you some exercises to help mobilise your arm after surgery.

Symptoms of lymphoedema include:

- swelling of the arm or hand (you may notice your jewellery or shirt sleeves feel tight)
- feelings of discomfort, heaviness or fullness in the arm
- aching, pain, or tension in the arm, shoulder, hand, chest or breast area.

If you develop any of these symptoms, seek prompt advice from a member of your medical team.

While there is no known cure for lymphoedema, there are effective ways to manage it, including specialised massage, compression



garments, exercise and good skin care. These treatments are designed to reduce and control swelling, improve the range of movement of the affected area and prevent infections.

Metastatic breast cancer

Some men diagnosed with breast cancer develop metastatic breast cancer, where the breast cancer cells spread from the breast to other more distant parts of the body. Metastatic breast cancer is sometimes referred to as secondary or advanced breast cancer. The parts of the body most likely to be affected are the bones, liver or lungs.

Some terms that sound like metastatic breast cancer are not metastatic breast cancer, and this can be confusing. For example, if cancer cells are found in the lymph nodes in your armpit (axilla) but have not spread beyond those lymph nodes, this is not metastatic breast cancer; it may be defined as early breast cancer or locally advanced breast cancer depending on the pathology results.

Wherever metastatic breast cancer is found in your body, it is still breast cancer. A metastatic cancer in the liver, for example, does not contain liver cancer cells; the cells are breast cancer cells.

Men often want to understand why they have developed metastatic breast cancer, especially if they have previously had treatment for early breast cancer. Unfortunately, even the best treatment for early breast cancer does not always remove every diseased cell. Most commonly, metastatic breast cancer develops

BCNA's free *Hope & Hurdles* contains comprehensive information about metastatic breast cancer and its treatments, as well as useful information about emotional wellbeing and living with metastatic breast cancer. While much of it refers to women, a lot of the information is relevant to men and it has a specific section for men. Optional booklets are available for metastatic breast cancer in the bone, liver, lungs and brain. See the 'More information' section (page 22) to find out how to order a copy.



from cells left behind.

There will be hurdles along the way, but never give up hope.

- **Matthew**

As yet, metastatic breast cancer cannot be cured. However, it can be controlled – sometimes for many years. Common treatments for metastatic breast cancer include chemotherapy, targeted therapies such as Herceptin, and hormone therapy.

Living with breast cancer

Coping with your diagnosis

Being diagnosed with breast cancer can leave you feeling surprised, anxious, scared and angry. You may have been unaware that men can develop breast cancer, and may feel shocked.

I thought: this can't be serious! I had heard of women being diagnosed with breast cancer ... but me, a man? I never thought this could happen to me. - **Matthew**

As breast cancer is often considered a 'women's cancer' and is represented by the colour pink, your diagnosis may also leave you feeling embarrassed, self-conscious and worried about your masculinity.

There tends to be little awareness of male breast cancer in the general population. It can be challenging to connect with other



In addition to this booklet, another resource that some men find helpful is the book *Male Breast Cancer: Taking Control* by oncologist Professor John Boyages, refer to the 'More information' section of this booklet (page 22) to find out how to order a copy.

men in a similar situation, and this can leave you feeling isolated and alone.

For me one of the big things with my breast cancer was the embarrassment of having what was considered a woman's disease. I was so ashamed, and felt it was a huge attack on my manhood. I



have always considered myself to be a bit of a man's man, and being struck down with this at a very fit and physical point of my life was quite crushing. – **Craig**

Getting support

It can help to talk with someone about how you are feeling rather than trying to cope by yourself. Your GP, breast care nurse or hospital social worker may be able to provide you with some strategies to help you cope with your diagnosis. If you think it will help, your GP can refer you to a counsellor or psychologist. Some men tell us that talking with a counsellor or psychologist in private helps them feel like a burden has been lifted.

Looking after your wellbeing is easier if you have a strong support network. Friends, partners and family are a crucial part of that support network.

Being with people who'd been through the same or similar experience was very empowering for me. – **Ronald**

Some men find it valuable to connect with others who are living with breast cancer. Unfortunately, men tell us it is hard to find support groups that are tailored to their needs, and that help them to feel included and comfortable. You may like to talk to a member of your treating team to see if they know of other men or suitable support groups you could connect with. A counsellor, social worker or GP may also be able to connect you with local support services. You may also find it helpful to seek support from other, more general cancer groups where members have a range of cancers.

Some men find it easier to connect through online groups,

To find out about support available to men with breast cancer, including how to connect with other men in a similar situation and Medicare rebates for visits to a psychologist, refer to the 'More information' section of this booklet (page 22).



including overseas websites designed for male breast cancer survivors. It is important to be mindful that these groups are not always professionally facilitated, so some of the posts may not align with your own views. A list of online support groups and male breast cancer resources can be found on page 22.

Sharing news of your diagnosis with others

You may also find it difficult or embarrassing to tell others about your diagnosis.

People may find your diagnosis surprising, especially if they didn't know men can develop breast cancer. Telling family and a few close friends first may help you become familiar with people's reactions.

You may find that you are asked questions about breast cancer in men. It may help to have some answers prepared to common questions. You can give others a copy of this booklet to help them understand male breast cancer.

When I shared my diagnosis with people, they seemed puzzled, stunned and speechless. They asked lots of questions like 'how did you find out?' and 'does it run in the family?' A few commented that it's very rare! – **Matthew**

Your family and friends may also find it difficult to tell others about your breast cancer diagnosis. They may also find it helpful to be prepared for questions about breast cancer in men.

It was an absolute shock that it was my brother diagnosed with breast cancer, and not me. When I tell people my brother has breast cancer, they correct me and say 'you mean your mother'.
– **Rebecca, sister of a man diagnosed with breast cancer**

Breast cancer is a marvellous conversation killer in men's company – they never know how to respond. – Gavin

Many people diagnosed with breast cancer find that friendships can be affected by their diagnosis. Sadly, friends and family sometimes do not know how to cope with the news of a breast cancer diagnosis and respond by stepping back. Sometimes, the opposite can happen – those who do not keep in regular contact with you can respond by making contact with you after your



diagnosis. There is no right or wrong way to respond to this issue – find a way that works for you and your own situation.

Sometimes people avoid all contact with you because they're uncomfortable talking about cancer. While you may be disappointed, in my experience it is a good idea not to terminate the relationship. With time the person may get over their reticence and resume the relationship. It can also be a matter of people you haven't spoken to in a long time 'coming out of the woodwork' and contacting you after your diagnosis. Perhaps it's guilt about not being in contact with you for a long time. It's unpredictable – people react to your diagnosis in different ways. – Ron

Financial and practical concerns

For many men, the financial and practical impact of a breast cancer diagnosis can be substantial. Regardless of whether treatment is through the public or private health system, most men will be affected financially in some way. You may have to pay for tests that are not covered by Medicare, or you may lose income if you have to reduce your work hours or stop working altogether for a period of time.

There are also other costs you may not expect, such as wound dressings, transport to and from appointments, and child care, which can all contribute to financial stress.

BCNA's Financial and practical assistance fact sheet outlines a range of assistance schemes that may be available to you and your family to help reduce the financial and practical impact of a breast cancer diagnosis. These may be available through federal and state governments, local councils, utility providers, insurance providers and local support groups. See the 'More information' section (page 22) to find out how to download or order a copy.



Changes in sexual wellbeing

Breast cancer can have an impact on your sexual wellbeing or intimate relationships.

Sexual wellbeing is a complex and personal issue. You may experience physical changes such as fatigue, hot flushes and

weight gain, and emotional changes such as depression, or lack of confidence. Some men tell us that they lack the energy and desire for sex due to their breast cancer treatments. Very often it's a combination of many different issues.

There are ways to help manage sexual wellbeing concerns. You may like to talk to your GP or breast care nurse for suggestions of things you can try. He or she may be able to tell you what has worked for other men. A counsellor, sex therapist or psychologist can also advise you on sexual wellbeing issues.

We know, however, that talking to a health professional about sexual wellbeing is not always easy and many men find it uncomfortable to start this conversation. It may be helpful to know that many people experience issues with sexual wellbeing, not only those diagnosed with cancer, and many health professionals have experience talking about this issue.

It's a good idea to be open and honest about your feelings with your partner. Sometimes a partner's silence can be mistaken as a lack of interest which can lead to feelings of rejection. Explaining to your partner how you feel can help your partner to better respond to your needs. Communicating with each other and being honest about your feelings may help you both feel more understood and supported.

Starting a conversation about your sexual wellbeing with your partner can also be difficult. It's helpful to acknowledge at the start of the conversation that your partner's thoughts matter to you. Encourage your partner to be open with you about fears and feelings to make things easier for you both.



Anxiety and depression

Being diagnosed and living with breast cancer can take its toll, not only on your physical health but also on your emotional health. It is common to experience a range of emotions, including stress, sadness and worry. However, some men experience these feelings intensely and for long periods of time. They might find it hard to function each day and may be reluctant to participate in activities they once enjoyed. If this is happening to you, you may be experiencing anxiety or depression .

While anxiety and depression are common after a breast cancer diagnosis, they are often overlooked and undertreated. Anxiety and depression are very treatable.

It's okay to feel down at times; it's part of the process. Sometimes it's hard to stay positive. You don't have to, no matter how many times others tell you to. – Matthew

If you feel sad or worried for long periods of time, or find it difficult to function each day, you may like to speak with your GP, who can discuss treatment options which might be helpful to you. The strategies recommended will depend on your personal situation and may include counselling, exercise and spending more time doing the things you enjoy. Antidepressant medications can also be prescribed in some cases.

I became depressed. I talked with a counsellor from the Cancer Council WA and it was the first time that I was able to ask questions and get answers. I began to accept the situation. Part of my problem was that I was not 'in control' which for me was unusual. I'd been used to making decisions all my life. This realisation helped me to lift myself from my depression. – Norman

BCNA and beyondblue: the national depression initiative have developed a fact sheet on anxiety and depression, detailing its links with breast cancer, available treatments and how to help yourself or someone close to you. See the 'More information' section (page 22) to find out how to download or order a copy, and for information on Medicare rebates for visits to a psychologist.



Concern about the cancer coming back

Many men who have had breast cancer treatment worry that their cancer may return. It is common and normal for anyone diagnosed with cancer to worry about this. Instead of feeling relieved and happy that your treatment is finished, you may find yourself feeling stressed and vulnerable. You may find that aches and pains you previously thought of as normal now cause you to wonder 'has the cancer come back?' It may be reassuring to know that for most men treated for breast cancer, the cancer will never return.

Anxiety about the cancer returning usually reduces over time. In the meantime, there are activities that can help you to manage your fear. Meditation, deep breathing exercises, yoga, physical exercise, and immersing yourself in hobbies you enjoy may all help.

Often men tell us that they become anxious before their regular check-ups, sometimes even years after their treatment has finished. Some men have told us that, before their regular check-up, it helps to distract themselves by staying as busy as possible. Taking someone along to the appointment with you, and planning something nice to do together afterwards, may also help.

If you find that your anxiety is having an impact on your day-to-day life, it's a good idea to talk with your doctor, who can support and guide you, and refer you to a counsellor or psychologist if necessary. There are also online programs that can help you develop skills to cope with your anxiety.

I know the fear of this illness returning will never go away entirely.

– Ron



See the 'More information' section to find out about online programs to help you cope with anxiety, and for information on Medicare rebates for visits to a psychologist.

Finding the 'new you'

After treatment has finished, many people diagnosed with cancer expect things to go back to the way they were before cancer; however, this doesn't always happen. Often they feel as though their lives have changed and they are not the same person they used to be. Sometimes people tell us that they feel scared when their treatment is finished as it means they no longer have regular contact with their specialist doctors. They worry about their breast cancer coming back.

It may make you sad to realise that your life may not return to how it was before your diagnosis. However, many people find a new, joyful life after breast cancer. This is sometimes referred to as a 'new normal'. It is a common experience, which may see you exploring new approaches to life and re-prioritising your values and focus. Many people enjoy their 'new normal' and the new focus it gives to their lives.

I was diagnosed at 58, and now at 75 years I still live an active life.

- Alan

Four years have gone by since the discovery of my cancer, and I am now able to openly talk with other people about my situation. I don't try to hide the fact that I am a male who has had a mastectomy for breast cancer. - **Norman**

Three years ago I was diagnosed with breast cancer and I had a mastectomy. Six months ago I noticed a lump in my other breast. Tests proved that it was cancer and I had another mastectomy. My surgeon said that it was a case for the record books for a man to have two mastectomies. I am now 91 years old, in remission and on tamoxifen for the next five years, but I am getting on with my life. I go for a walk every day and play competition bowls twice a week.

- Jack

More information

Resources

Breast Cancer Network Australia (BCNA)

BCNA provides a range of information resources on breast cancer treatment and care. While we refer to women with breast cancer throughout our publications, much of the information is relevant to men diagnosed with breast cancer.

BCNA's website bcna.org.au has reliable, up-to-date information about breast cancer treatment and care, including information on treatment-related side effects.

The following resources can be downloaded or ordered free of charge from our website or by calling BCNA on 1800 500 258:

- My Journey online tool is available to provide up-to-date, reliable information tailored to your changing needs and circumstances at all stages of your breast cancer journey. To sign up go to myjourney.org.au
- *Hope & Hurdles* – comprehensive information for people diagnosed with metastatic breast cancer.
- BCNA's fact sheets and booklets – covering a variety of topics on breast cancer treatment and care, including breast cancer pathology, hormone therapies and their side effects, lymphoedema, anxiety and depression, practical and financial issues relating to breast cancer, patient assisted travel schemes, clinical trials and travel insurance.

Also available on the BCNA website:

- Breast cancer in men webpage – includes information and supports available for men diagnosed with breast cancer.
- Personal stories section – men diagnosed with breast cancer share their experiences.
- Online network – for people diagnosed with breast cancer and their families and friends to connect and share with others in a similar situation.
- Local Services Directory – an online directory to help you find breast cancer-related support and services in your area.

Cancer Australia

Cancer Australia's *Breast cancer in men* website includes information about breast cancer treatment and care, as well as information on depression and anxiety, fatigue, loss of libido, issues with self-esteem and body image, impact on family and friends, how to tell others about your diagnosis, and the impact your diagnosis may have on your work. Visit breastcancerinmen.canceraustralia.gov.au.

Cancer Australia's flyer *Understanding breast cancer in men* provides a brief overview of breast cancer in men. It can be ordered or downloaded from the publications section of canceraustralia.gov.au.

Cancer Council

- Cancer Council SA's *Breast cancer in men* webpage includes information on breast cancer, symptoms and risk factors. Visit cancersa.org.au and type 'breast cancer in men' in the search field.
- Cancer Council QLD's *Learn to relax* podcasts guide you through the basics of relaxation, deep breathing and restfulness. Visit cancerqld.org.au.

Male Breast Cancer: Taking Control

This book by Professor John Boyages, a leading Australian breast cancer specialist, is written for men diagnosed with breast cancer and their loved ones and is available for order at bookshops, online or from Amazon or iTunes (see bcpublish.com).

Breast Cancer Care UK

Breast Cancer Care UK's website contains information on breast cancer in men, including a comprehensive information booklet which can be downloaded. Visit breastcancer.org.uk

Cancer Research UK

Cancer Research UK's *Breast cancer in men* webpage provides information on breast cancer treatment and care, and includes photos of a man's chest before and after a mastectomy. Visit cancerresearchuk.org

Living Beyond Breast Cancer

This USA-based organisation provides a downloadable information booklet for men, covering topics such as support needs, challenges for men, how to talk to friends and family, and treatment options for men. Visit lbcc.org/infocusmen

American Cancer Society

This USA-based website includes information on male breast cancer treatment and care, its effects on men's emotional wellbeing, and the latest research into breast cancer in men. Visit cancer.org

Breastcancer.org

This USA-based website includes information on male breast cancer treatment and care. Visit breastcancer.org

National Cancer Institute

This USA-based website contains information on male breast cancer treatment and care. Visit cancer.gov and type 'Male breast cancer treatment' into the search field.

Cancer.net

This USA-based website contains information on male breast cancer treatment and care. Visit cancer.net/cancer-types/breast-cancer-male.

Male Breast Cancer Coalition

This organisation spreads awareness about breast cancer in men, including personal stories from men around the world. Visit malebreastcancercoalition.org

Malebreastcancer.ca

This Canada-based website includes information on male breast cancer treatment and care, and personal stories from men diagnosed with breast cancer. Visit malebreastcancer.ca

beyondblue

beyondblue has information on depression and anxiety and where to find help. Visit beyondblue.org.au or call 1300 224 636.



CanTeen

CanTeen is an organisation that provides information and support to 12–24 year olds dealing with cancer. This includes information and support for those who have a parent diagnosed with cancer. Visit canteen.org.au

Support for emotional wellbeing

Medicare-subsidised mental health plans

If your GP believes that you would benefit from ongoing counselling, you can be referred to an appropriate specialist, e.g. a psychologist or social worker. You will be entitled to up to 10 Medicare-subsidised appointments with the specialist. For more information, speak with your GP.

Cancer Council

Cancer Council Helpline 13 11 20

Cancer Council (13 11 20) is a free, confidential telephone information and support service run by Cancer Councils in each state and territory. It is available to anyone affected by cancer, including partners and other family members. Trained health professionals are available to speak with you about breast cancer treatment and care, the financial and practical issues on cancer, and can refer you to other services in your area.

- **Cancer Connect 13 11 20**
This is a one-to-one telephone peer support service run by Cancer Councils in each state and territory. People diagnosed with cancer, or family and friends are able to connect by phone with someone who has been through a similar cancer experience. The service is free and confidential.
- **Cancer Connections**
Cancer Connections is a moderated online peer-support community that allows you to connect with others in a similar situation. Visit cancerconnections.com.au

Relationships Australia

Relationships Australia offers relationship counselling as well as other counselling services. Most of the counselling services are face-to-face, but there are also some online and telephone counselling services for people in remote areas (in some states only). Visit relationships.org.au or call 1300 364 277.

MensLine Australia

MensLine Australia is a telephone support and information service for men with relationship issues. Visit mensline.org.au or call 1300 789 978.

Free online programs to assist with anxiety or depression

MindSpot

MindSpot is a free telephone and online service for Australians experiencing stress, worry, anxiety, low mood or depression. MindSpot provides mental health screening assessments, therapist-guided treatment courses and referrals. Through the website, you can access a Wellbeing Course which provides useful information and practical skills to help manage symptoms of depression and anxiety. Visit mindspot.org.au

e-couch

e-couch is an interactive self-help program with modules for depression, anxiety and worry, social anxiety, relationship breakdown, and loss and grief. It provides evidence-based information and teaches strategies to help you cope. Visit ecouch.anu.edu.au

Practical services

Look Good Feel Better for Men

Look Good Feel Better for Men is a free workshop-based program that teaches men diagnosed with cancer to manage some of the appearance-related side effects of their treatment. Its aim is to help improve confidence and body image. Visit lgfb.org.au or call 1800 650 960.

Seek out support that is available to you like family, friends, doctors and nurses. Ask lots of questions and get as much information as you can to understand the disease. I found reading online forums, books and pamphlets helpful. – Matthew

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How you can support BCNA

This booklet is one of many high quality resources that BCNA provides free to Australians affected by breast cancer. BCNA also offers support services and programs, connects people through their shared breast cancer experience, and advocates on behalf of Australians affected by, or at risk of breast cancer to ensure their voices are heard.

We rely on the generosity of our supporters to continue our work. When the time is right for you, there are many ways you can support BCNA.

Donate

Make a one-off donation, set up a regular monthly donation or leave a gift in your will.

Give back while you work

Workplace giving brings employers and staff together to support a cause close to their hearts. It is an easy and convenient way to donate to via pre-tax payroll deductions.

Attend a BCNA event

From our annual luncheon series to major events such as the Field of Women, our events bring people together to help make a difference.

Hold a fundraising event

A Pink Lady event can be anything from a simple afternoon tea to a fancy cocktail party. A Pink Sports Day is the perfect way for local sporting clubs to show their support.

Participate in research

BCNA members interested in sharing their experiences and helping with breast cancer research can join BCNA's Review & Survey Group, which helps ensure the voices of Australian affected by breast cancer are heard.

Help us speak out

BCNA Consumer Representatives represent the broad views of Australians affected by breast cancer on national, state and local committees, working parties and at conferences. BCNA Community Liaisons speak about their personal experiences with breast cancer and represent BCNA in their local communities.

Set a personal goal

Thinking about a fun run, or taking a trip of a lifetime? We have some great ways you can take on a challenge while supporting BCNA.

To find out more about how you, your family and friends can help, phone 1800 500 258 or visit bcna.org.au

Breast
Cancer
Network
Australia



Breast Cancer Network Australia

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