Male breast cancer: How to optimize the diagnosis?

Laíse Alves Ribeiro¹, João Victor Monteiro de Camargo¹, Alexandre Pelícolla Galli¹, Geovana Sousa Resende¹, Daiane Rosa Dantas Santos¹, Carlos Eduardo Nunes Aranha¹

¹Universidade de Ribeirão Preto – Ribeirão Preto (SP), Brazil.

Objective: Male breast cancer (MaBC) is a rare disease that represents about 1% of all cases of breast cancer (BC) in Brazil. The scarcity of screening campaigns hinders early diagnosis, directly affecting treatment and prognosis. Therefore, this study aimed to increase the visibility, among health professionals, for the aforementioned disease, describing how screening and diagnosis have been performed until now.

Methodology: This study is a systematic literature review. Articles indexed in the electronic databases PubMed, SciELO, and ScienceDirect were collected. Studies were selected using the following descriptors and keywords: (Breast Cancer) AND (Men).

Results: The avoidance of medical services by men, the absence of guidelines for the management of MaBC, and the rarity of this disease contribute to late diagnosis. The average delay in diagnosis ranges from 6 to 10 months after the onset of symptoms, and about 40% are diagnosed in stages III and IV. Clinical and radiological evaluation and tissue biopsy are essential for diagnosis. Screening should be initiated by evaluating risk factors, such as advanced age, radiation therapy, obesity, hormone imbalance, and BRCA2 mutations. The main clinical finding is a single, retroareolar, and painless mass, usually in the left breast. It can involve axillary lymph nodes, and, in rarer cases, nipple retraction, papillary discharge, and ulceration can be found. Mammography in men is generally more sensitive than in women. For biopsy, core biopsy is the preferred method.

Conclusion: Despite its rarity, the MaBC mortality rate is higher than women BC. That may be due to unawareness of the disease among patients and lack of guidelines, possibly leading to medical negligence. Hence, careful attention to breast complaints, especially in high-risk patients, is mandatory to avoid late diagnosis. Promoting public awareness about MaBC and its symptoms is also required. Furthermore, the development of guidelines for diagnostic purposes would improve the management of MaBC.

Keywords: male breast cancer; early detection of cancer; diagnostic screening programs.