

# Breast cancer in men: are we doing enough?

## Editorial

Breast cancer in men is considered a rare disease since only 1% of cases of breast cancer are in men and many men consider that they are not prone to this malignancy and these results in a late diagnosis, overshadowing the prognosis. The American Cancer Society estimates that in 2018 there will be 2,550 new cases in the United States and 480 men will die from breast cancer.<sup>1</sup> Making the early diagnosis in early stages, (0 and I), the 5-year survival is 100%. Only 47% of cases are diagnosed at this stage in the USA; the 5-year survival in stage II is 91% and in stages III it is 72%.<sup>2</sup> The diagnosis is made in a similar way to breast cancer in women, breast self-exam and ex mamma by the doctor, mammography, ultrasound, biopsy, nipple secretion test.<sup>3</sup> The risk factors are conditions that lead to estrogenism such as cirrhosis or obesity, and of course genetics with the presence of mutations of the BCRA1 and BCRA2 genes, advanced age (>65 years), light physical activity among others.<sup>4</sup>

The World Health Organization on its Breast Cancer: Prevention and Control webpage does not mention anything about breast cancer in men; focuses on women as the predominant cancer worldwide.<sup>5</sup> In Mexico, it is considered that breast cancer in men is less than 1% of the reported cases and in the Official

Mexican Standard the promotion of health and diagnosis focused on women; in man only the risk factors were mentioned but the promotion of health and timely diagnosis were left aside.<sup>6</sup> In a survey of 235 men about the knowledge and barriers to activities of prevention and early diagnosis of breast cancer in men, conducted in Guanajuato, Mexico, it was reported that 28.52% of men had poor knowledge regarding self-exploration, mammography and ultrasound as elements for timely detection of breast cancer and 30.34% of men had barriers to these timely detection activities.<sup>7</sup>

The barriers detected were the breast self-exploration is only for women (44.26%), the men who self-explore look funny (36.60%), self-explore the breast gives me embarrassment (41.28%), it takes me time to explore them (42.55%), my partner would not support that I self-explore (38.30%), considers that mammography is expensive (39.57%) and would feel sorry for a mammogram (38.03%).<sup>7</sup> In the same work, Herrera-Lopez, reports a statistically significant association between having poor knowledge about prevention activities to early diagnosis of breast cancer and perceived barriers to perform them ( $X^2=23.45$ , df 1,  $P=0.0001$ , OR=8.05 CI95 % from 3.95 to 16.43).<sup>7</sup> Health authorities worldwide and local, health professionals must focus on launching awareness campaigns about breast cancer in men and how to prevent it and achieve timely diagnosis, if we do not at all levels of attention,

probably over time becomes a public health problem and economic burden for countries.

## References

1. American Cancer Society. Key Statistics for Breast Cancer in Men. *ACS*. 2018.
2. Breast cancer in men: Statistics. *Cancer.net*. 2018.
3. Breast cancer in men: Diagnosis. *Cancer.net*. 2017.
4. Breast cancer in men: Risk factors and prevention. *Cancer.net*. 2017.
5. World Health Organization. Breast cancer: Prevention and Control. *WHO*. 2018.
6. Norma Oficial Mexicana NOM-041-SSA-2 2011. Para la Prevención Diagnóstico y Tratamiento. Control y Vigilancia Epidemiológica del cáncer de mama. *Diario Oficial de la Federación*. 2011.
7. Herrera López MG. Relationship of knowledge and perceived barriers in the prevention of breast cancer in men. *Tesis de Maestría en Ciencias de Enfermería*. 2015.

Volume I Issue 4 - 2018

 Nicolas Padilla-Raygoza,<sup>1</sup> Vicente Beltran-Campos<sup>2</sup>
<sup>1</sup>Department of Nursing and Obstetrics, Division of Health Sciences and Engineering, Universidad de Guanajuato, Mexico

<sup>2</sup>Department of Clinical Nursing, Division of Health Sciences and Engineering, Universidad de Guanajuato, Mexico

**Correspondence:** Nicolas Padilla-Raygoza, Department of Nursing and Obstetrics, Division of Health Sciences and Engineering, Universidad de Guanajuato, Mutualismo 303, Celaya, Guanajuato, Mexico, Tel +524611503061, Email padillawarm@gmail.com

Received: July 28, 2018 | Published: August 03 2018