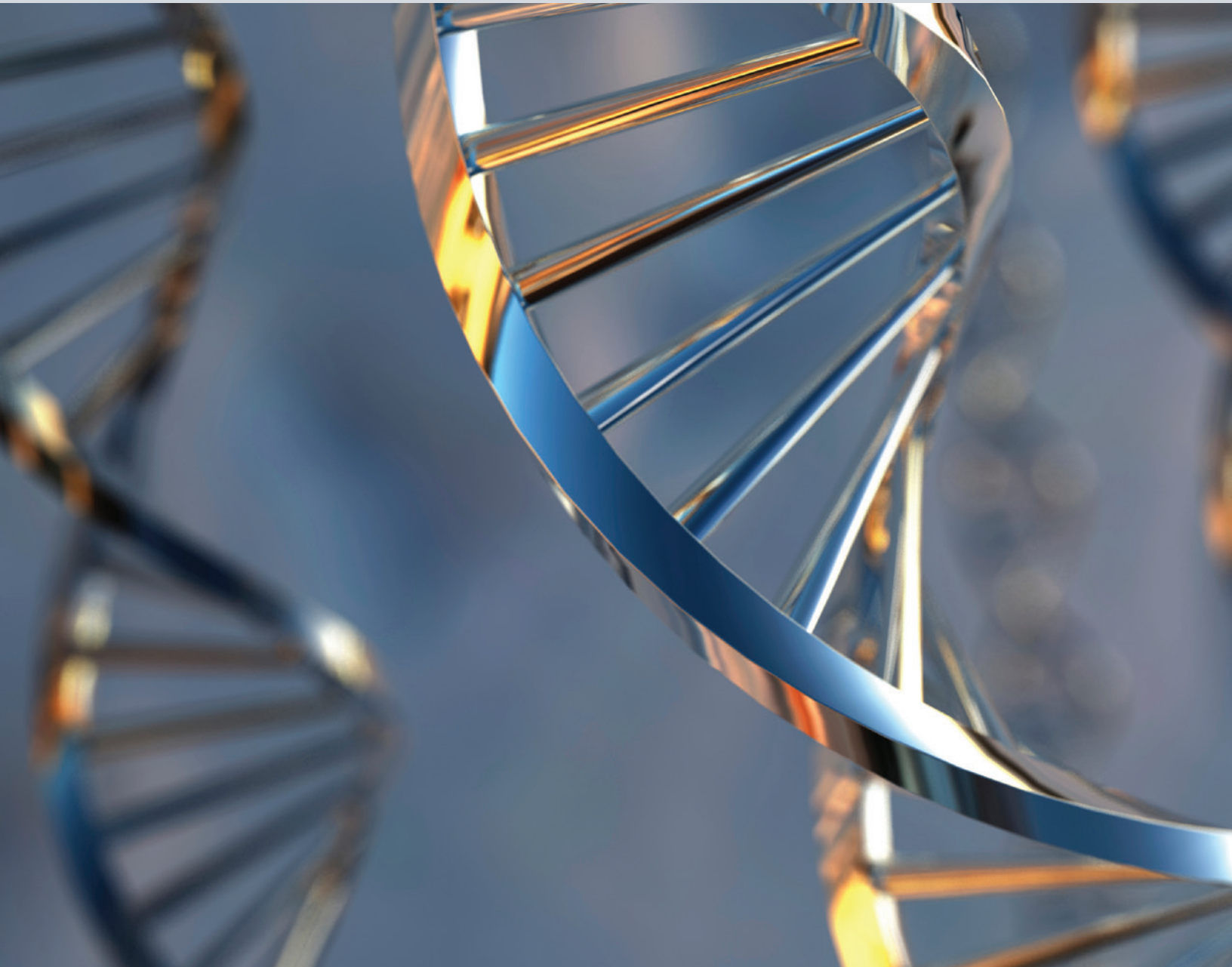




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HE RUNS FOR HIMSELF AND FOR MEN LIKE HIM: THE UNTOLD STORY OF MALE BREAST CANCER

The sun was far from rising that frigid Sunday morning, but it didn't matter to any of them. Thirty-two thousand men, women, and children were pulling on layers, lacing up tennis shoes, grabbing keys, and getting in their cars in support of a cause. This was a group that had decided supporting breast cancer research was more meaningful than sleep.

Mark Goldstein was part of that crowd. The seventy-five-year-old with two knee replacements was running his 188th Susan G. Komen Race for the Cure, this one in Hunt Valley, Maryland. Mark doesn't run in honor or in memory of his wife, a sister, or a daughter. He runs for himself and for men like him. He is a breast cancer survivor.

Approximately 2,190 American men will be diagnosed with breast cancer in 2012, according to Komen, compared with an estimated 290,000 new cases for American women. This lower incidence rate is no reason, according to Mark, for male breast cancer patients and survivors to remain on the sidelines.

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Does a disparity exist when it comes to diagnosing men with breast cancer? Perhaps.

Many doctors have never treated a male breast cancer patient. The diagnosis and treatment plans are in the textbooks, so they know it exists, and biopsies are done, but often men with lumps in their breasts are told they have gynecomastia - enlargement of the male breast tissue.

There is also a fear that primary care doctors don't think enough about breast cancer as a possible diagnosis for suspicious lumps in the breasts of the men they see. In addition, men and their doctors seem to think they're a little insulated from the disease and don't see their link to breast cancer. Men have undeveloped milk ducts, and since breast cancer is found in milk ducts, men can develop breast cancer.

According to the American Cancer Society, men and women with the same stage breast cancer have approximately the same rate of survival. But men often have a more difficult time getting an accurate diagnosis, and they wait longer to seek treatment, which may explain why their disease is often discovered at a more advanced stage. As a result of the lax attitude on the part of men and their doctors, there's a stronger chance the cancer will be at Stage III or worse when finally discovered.

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The most common breast cancer symptoms for men include a lump in the chest, skin dimpling or puckering and nipple changes. In February 1988, Mark noticed and ignored the changes in his left breast; the nipple was receding and there was a small lump underneath. "I waited three months," he admits. "Had that been my wife, we would have been in the doctor's office the next day."

Like a woman discovering a lump in her breast, one of the first steps to his diagnosis was a mammogram. "I virtually had no breasts," Mark says. "It was more difficult on the technician than it was on me. There was much pulling, squeezing and apologizing."

In the years since his mammogram, little has changed for men when it comes to mammograms and the treatment of male breast cancer, and there's a reason for that. "Most of the data for treating male breast cancer is extrapolated from females," says Dr. Katherine

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To learn more about
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Tkaczuk, director of the University of Maryland Marlene and Stewart Greenebaum Cancer Center's breast evaluation and treatment program.

The BRCA1 and BRCA2 gene tests used to predict the hereditary possibility of breast cancer in women are as successful at predicting the same possibility in men. Breast cancer genes are autosomal dominant -- individuals only need to acquire an abnormal gene from one parent to inherit a disease -- and are not located on the XY chromosome, which means they can be transmitted by males and females. "It's important for children of men with BRCA1 or 2 genes to know of the increased risk of breast cancer," says Dr. Tkaczuk. "As adults, I suggest they consider a genetic evaluation by a counselor."

One difference in treatment for men versus women is in the area of breast conservation. It's much more important in women, according to Dr. Gerald Hayward, a Maryland cancer expert and surgeon, to conserve as much breast tissue as possible. "It's much easier with men," says Dr. Hayward, "to remove the nipple and all of the cancer and still maintain an acceptable cosmetic appearance" since most men have flat chests.

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Warming up at the starting line, a female runner commented on Mark's shirt. The back of his faded blue, short-sleeve New Balance t-shirt sported the following message in peeling, white block letters: "MEN SHARE A BREASTED INTEREST."

"Breast cancer survivor?" she asked, incredulous. "I had no idea." She wasn't alone. Many that morning were shocked to hear of Mark's diagnosis.

As Maryland Governor Martin O'Malley shot the starter's pistol, Mark was quickly passed by the mass of faster runners. He wasn't out to break any records, at least not racing ones. Instead, running at a comfortable pace, he wanted as many as possible to see and hear his message.

Mark wound his way through the course primarily in silence -- his wife Joanie waited at the finish line -- outside of the cheers and music coming from the sidelines and the few conversations he had with passing runners. "Love your shirt," they'd yell as they ran by. Sometimes he'd explain, other times he'd simply say thank you and listen to their interpretations.

This intentional silence was unusual for Mark; he hasn't been quiet or still much in the years since his diagnosis. A day and a half after his mastectomy in 1988, Mark was mowing his lawn, with drainage bottles collecting the fluids draining from his chest. "It needed cutting," he laughs. "My first act of defiance." It would be the first of many.

While watching TV at home in New Jersey in August 1992, he saw a piece about the upcoming New York Komen Race for the Cure. There was no mention of breast cancer affecting men. At the time, only female survivors could participate, so Mark submitted his application using his first initial and last name and paid with a money order.

"You can't run; you're a man," he was told on arrival. "Except for the genitalia, I qualify," he fired back. He ran, having never raced before, with his immediate family beside him, beginning his journey of running around the country to spread the word about men's ability to develop breast cancer.

In 1997, the New York Race for the Cure was opened to male survivors. Today, most Komen races are open to male and female survivors and their supporters.

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Mark was one of only two male survivors participating in the Hunt Valley race that morning; their names had been announced earlier with a brief message of support for men with breast cancer.

Robin Prothro, executive director of Komen Maryland, explains that limited support exists among men and for men with breast cancer. “Women rally around their friends when they are diagnosed and going through treatment,” she says. “I’m not sure that happens for men, which is a significant difference in managing the disease. Women have the capacity to sit and talk about themselves for the benefit of those around them,” says Mark. Men rarely do. “If breast cancer was a sport, men would know all about it,” he quips. “Not talking was never an issue. I’ve been up front and honest since day one.”

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Mark crossed the finish line, thirty-nine minutes and thirty-three seconds after he started, his hot-pink-sock-covered hands held high. Clutching the hand of a dark-haired female survivor in his right hand, he cared little for the time it took, only that he’d finished another race and that he’d shared his message with another parade of the uninformed.

And that they no longer were.

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