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[Breast cancer for men rare, but still 'it can happen to you'](#)

By Sandra Guy | For the Sun-Times

Hey, guys. It's breast cancer awareness month – and that includes you.

Two Chicago-area men and one Indiana man who got breast cancer — none of whom had any family history or genetic mutation to suggest it — urge you to pay attention to any unusual lumps or changes in your breasts. The trio — residents of Chicago Heights, Geneva, Ill., and Michiana Shores, Ind. — initially ignored their early warnings, only to find out they had breast cancer.

Though male breast cancer is rare — men are 100 times less likely than women to get breast cancer and male breast cancer represents about 1 percent of all breast cancers diagnosed nationwide — it's still a reality.

Even pop culture is picking up on this reality: The new ABC series [“A Million Little Things”](#) has a main male character who is a breast cancer survivor.

“Yes, it can happen to you,” says Kurt Wesely, a logistics manager who hosts a monthly breakfast that has become the nation's largest men's-only recurring cancer support program at the Geneva-based [LivingWell cancer resource center](#).

“If you find anything unusual, don't ignore it,” he said.

Wesely considers himself fortunate to have had a good relationship with his doctor, which prompted him to confide during a flu-shot visit nine years ago that he'd found a “strange, hard lump” on the right side of his chest.

Wesely underwent an ultrasound, a mammogram — he described it as “one of the more uncomfortable experiences ever” — and a needle biopsy. Each test was inconclusive.

He arranged for a pathologist to look at the lump. If the lump was cancerous, Wesely decided he'd have his breast removed in a mastectomy.

“It's something I [didn't] want to live with,” Wesely said.

Wesely woke up without his right breast — and, as he put it, “as a cancer patient.” But he had caught it at the earliest stage.

He underwent four doses of chemotherapy over three months.

“The chemo knocked me out,” he said. “I lost all the hair on my body.”

Wesely, who took tamoxifen for five years, is now cancer-free at age 52 and off medications. But he still suffers from phantom shooting pains once in a while and swelling in his right arm from having lymph nodes removed from his underarm. He said he gets anxious when anything doesn't feel right, and he gets a yearly MRI.

Wesely credits the LivingWell cancer resource center with providing the support he needed, along with his family, to get through the experience.

“I couldn't find other patients who had had the same experience I did, but I was able to meet people who went through other kinds of cancer,” he said.

Richard A. Jones, a self-employed home repairman, ignored a small bump on his wrist and on his chest for over a year — until the bump on his chest got bigger.

“It started irritating me,” he said. “It was more like an itch.”

A biopsy showed Jones had breast cancer, but he avoided having to take chemo after his lymph nodes showed no signs of cancer.

“I would tell men to go [to the doctor] sooner,” Jones, of Chicago Heights, said. “Most men don't want to, but they need to get checked.”

Ray Dumbrys had the opposite problem: He went to a dermatologist when he found a small lump on his left breast, but the specialist told him it was just fatty tissue.

About two years later, Dumbrys got a small lump on his right breast and thought it was more of the same. But he just happened to read an article in one of his sons' men's health magazine and came upon a paragraph citing the rate of men who get breast cancer.

So, he went to see a dermatologist again and – this time – was referred to have a mammogram and a biopsy that showed he had breast cancer.

Dumbrys' advice: "Don't think that if the doctor doesn't say or do anything, that's all there is to it. And don't be embarrassed about asking a doctor if you notice anything unusual."

Dumbrys had his right breast removed, along with 19 lymph nodes in his right underarm on Feb. 4, 2004. He underwent eight chemotherapy treatments and took tamoxifen for five years.

"I was considered cancer free," the Michiana Shores, Ind. man said.

Dumbrys' breast cancer saga didn't end there, however. In May, doctors discovered that his cancer had metastasized, and he is now taking three medications to contain the cancer.

Dumbrys, 77, believes his military service in the late 1960s contributed to his cancer, since he has no genetic or family predisposition.

He was a U.S. Navy officer specializing in deep-sea and salvage diving. As a member of the Atlantic Fleet, he trained and did diving missions in polluted waters filled with carcinogens, including the Anacostia and Potomac rivers, Narragansett Bay, Boston Harbor and the Norfolk, Va., area.

"In some of those waters, you [would] go down a couple inches below the surface and you couldn't see anything" because the water was so polluted, he said.

Dumbrys lived aboard a U.S. Navy ocean-going tug for three years, and sailed and dove in the Atlantic, the Caribbean, the Mediterranean and the North Sea.

Chicago-area doctors say men's experiences with breast cancer can be isolating, depressing and even shameful.

"This is often really hard for men," said Dr. Elizabeth Marcus, a surgical oncologist and chair of the division of breast oncology at Stroger Hospital.

"There can be a lot of social stigma," said Marcus, whose institution sees about 300 newly diagnosed cases of breast cancer each year, roughly 1 percent (three to five) of them male.

Part of the problem is a mythology that men cannot get breast cancer, Marcus said.

"Someone may be utterly convinced a lump won't be breast cancer. They wait until it gets bigger and then they come in. It's often an awareness issue," Marcus said.

About 15 percent of male breast cancer cases stem from a genetic cause that's identifiable, such as inherited mutations in the so-called BRCA1 or BRCA2 gene, said Dr. Pamela Ganschow, medical director for the cancer risk program at Cook County Health and Hospitals System.

But new mutations have cropped up that men and women should beware, Ganschow said. One is known by the name of the gene that's mutated – CHEK2. There's also an association of breast cancer with the gene PALB2.

There's also a danger for men who have Klinefelter syndrome resulting from having an extra X chromosome.

That's why it's important that patients with a personal or family history of male breast cancer, or those with a personal or family history of breast and/or other cancers should see a genetic counselor, Ganschow and other doctors interviewed said. The [National Comprehensive Cancer Network](#) provides patient resources seeking information about hereditary cancer syndrome.

A genetic test can be done either as a blood test or through saliva. Most insurance companies cover the genetic test, and patients with no insurance who qualify at Cook County Health and Hospitals System can get the test at no cost.

Another possible factor in a 25 percent jump in the rate of male breast cancer cases — to today's roughly 1.25 per 100,000 people from 1 per 100,000 in 1975 — is the growing rate of obesity, said Dr. Kent Hoskins, an associate professor of medicine at the University of Illinois at Chicago's division of hematology/oncology.

"Anything [such as obesity] that skews the balance between female sex hormones (estrogen) and male sex hormones (androgens) seems to increase the chance for men to get breast cancer."

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