

Men and Breast Cancer: What do we know and what do we need to do differently?

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Abstract

Rare, under-researched and underfunded, breast cancer in men is frequently overlooked within health and care systems. Increased prevalence and sustained professional and public interest in breast cancer in women has led to pervasive feminisation of the disease and related clinical practices, posing important ramifications for male patient-survivors.

Our research adopts a critical health psychology perspective and is two-fold: 1) an international qualitative synthesis of 8 existing studies looking at men's experiences of coping with breast cancer, 2) an on-going study which involves collecting both verbal and photographic data from 31 British men who have experienced breast cancer. Integrating and triangulating the findings from the two study phases, we reveal how the marginalisation of men across the illness trajectory impinges on the male breast cancer experience and men's adjustment to the illness. Findings from the qualitative synthesis demonstrate how current approaches to breast cancer care and advocacy serve to isolate men who develop the disease, potentially alienating and emasculating them. Patient management practices and informational resources intended for breast cancer patients unequivocally marginalise men. Preliminary findings from our work-in-progress confirm these earlier findings and further illuminate the difficulties encountered by male patient-survivors and some of their coping strategies.

We position breast cancer in men as a marginalised malignancy, with male patient-survivors on the periphery of optimal psychosocial care and support. We expand on ideas surrounding stigma, masculinities and marginalisation relating to breast cancer in men, and conclude with recommendations for advocacy and intervention for improved future care and breast cancer practices.

Introduction

- Breast cancer is the most common cancer across the UK, accounting for almost a sixth of all cancer cases (Cancer Research UK, 2016). Incidence among men is proportionately low, with approximately 350 new cases in UK men annually (NHS, 2014). Subsequently, breast cancer in men is frequently overlooked within both lay and expert healthcare systems (Iredale et al., 2006), despite being responsible for more deaths than penile or testicular cancer (Cancer Research UK, 2016).
- The causes of breast cancer in men remain unclear, though a number of possible risk factors have been identified, including aging, family history and obesity (NHS, 2014). Oncologically speaking, breast cancer manifests in men and women for similar biological reasons and is clinically diagnosed and treated the same, yet socially, breast cancer is perceived differently in men and women.
- Consistently afforded a female status, breast cancer is commonly positioned as a women's illness, and increased prevalence and high-profile awareness-raising advocacy and activism around the disease in women continues to reinforce the misconception that breast cancer is a female-only concern. This serves as a barrier to men seeking professional care and social support, and increases body image concerns (Iredale et al., 2006).
- Current approaches towards breast cancer and the associated 'pink culture' further perpetuate gendered understandings about the disease and can foster marginalisation and disempowerment of men, affecting their psychological well-being and adjustment to illness (Bunkley et al., 2000).
- There is a dearth of psychosocial research exploring the male breast cancer experience. Through combining a qualitative synthesis of existing research with a fresh inquiry we consider what we know about men and breast cancer and how current practices and provisions might be improved for better male patient outcomes.

Method

- A two-phase approach:

Phase 1 - A meta-ethnographic qualitative synthesis exploring men's breast cancer experiences following Noblit and Hare's (1988) method

- 8418 articles were identified through database searches, 8404 of those were discarded after removing duplicates and non-relevant articles. 14 articles were screened for inclusion, 8 of which met our criteria and were included in the synthesis.
- All studies were published between 2000-2013 involving 92 men with different populations and qualitative methodologies.
- Analysis involved careful reading and re-reading of the articles to establish core themes and concepts within each study, before considering emergent similarities and differences to determine conceptual relationships among the studies and identify key shared inferences emerging from them collectively, aiding deeper understandings about men and breast cancer.

Phase 2 - A multimethod phenomenological exploration of men's breast cancer accounts

- Semi-structured interviews together with photographs authored by the participants
- Participants discussed a series of photographs at interview, in addition to answering questions from a pre-devised interview schedule of 20 questions.
- 31 men recruited from across the UK through Breast Cancer Care, Leicestershire Partnership NHS Trust and social media platforms; 20 contributed verbal-visual accounts, 11 verbal-only.
- Data were analysed using Interpretative Phenomenological Analysis (IPA, Smith et al., 2009), and findings discussed and cross-checked by the lead researcher's supervisory team.

Findings

- Findings from our recent inquiry corroborate with earlier research, suggesting that current breast cancer practices inadvertently serve to marginalise men who develop the disease.
- The men's accounts were emotive and complex and included elements of disbelief, confusion, self-denigration and stoicism, alongside self-growth, positivity and improved health awareness and behaviour.
- Three of the most prevalent themes to emerge from the data are presented diagrammatically (left).
- 'Multiple Marginalisation'** – draws on the ways in which men described being marginalised, including being referred to as 'Mrs', being excluded from clinical waiting areas and professionals questioning their status as a breast cancer patient. The men also discussed how they themselves contribute to the marginalisation of men by downplaying the physical and psychological impact of the disease in men, rejecting formal support, and positioning women as 'more important'.
- 'Reclaiming masculinity'** – reflecting on the centrality of gender in the breast cancer experience, we look at how the men asserted their masculinities and related various aspects of their breast cancer accounts to hegemonic male practices and stereotypes. Men attempted to re-establish their sense of manhood in multiple ways, ranging from expressions of violence, to physical challenges, hobbies and behavioural practices.
- 'Thinking Beyond Pinkification'** – focusing on future approaches to and the management of men with breast cancer we consider ways in which professional services might be improved, some of which are discussed below under recommendations.
- Although keen to raise the profile of breast cancer in men and for increased recognition of male patient-survivors, the men were generally accepting of provisions favouring women and sensitive to women's needs in view of changing patient practices.
- Nevertheless, the majority of men agreed that action was necessary to improve men's breast cancer experiences, expressing a desire for subtle refinement of existing practices over radical interventions.

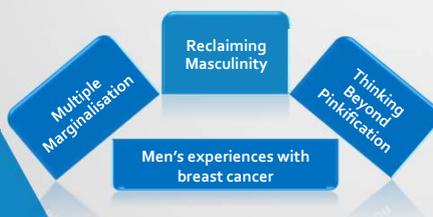


Figure 1. A schematic representation of three overarching themes to emerge from across the two study phases

Recommendations

Based on our findings we make the following recommendations for change to improve future clinical care and breast cancer practices:

- Although the men interviewed were not averse to the pink culture, redressing clinical settings to appear more gender and culturally neutral may help to foster inclusivity for all patients.
- Shared patient resources with sections detailing male-specific needs and concerns may be preferable to separate literatures which could unintentionally imply more differences than similarities between the sexes.
- Irrespective of whether men utilise support and aftercare services, making such services available and accessible to men could foster men's sense of belonging, while choice over clinical care options would likely empower them.
- Shared waiting areas in clinical settings provide opportunities for integration with other patients and informal support, therefore we advise against gender-specific waiting areas.
- Finally, engaging men in clinical studies is vital for improving the male-patient survivor experience.

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