

## Fungating Chest Wall Mass - Explanation

Aadel A. Chaudhuri et al

Further history revealed that the mass had started as a small sub-dermal nodule 5 years earlier and had grown continuously since then despite numerous trials of alternative medicine therapies in the US and abroad. We performed a prostate exam which revealed a non-tender, non-enlarged, smooth prostate . Fecal occult blood test was negative.

While in the hospital, the patient was seen by our colleagues in Hematology/Oncology, Infectious Diseases, General Surgery and Plastic Surgery. Biopsy of the chest wall mass revealed **infiltrating ductal breast adenocarcinoma**, ER+, PR+, Her2/Neu-. CT scanning of the chest, abdomen and pelvis revealed evidence of metastasis with sclerotic and lytic lesions in the lumbar and sacral spine, with an associated sacral soft tissue mass. The patient desired surgical removal of his breast cancer, but declined systemic therapy. We consulted our surgical colleagues who felt that he was unfortunately a poor surgical candidate due to the large size of his chest wall mass which would require a large skin graft, as well as his refusal of adjuvant systemic therapy. The patient declined all further allopathic medical interventions, and chose to pursue palliative care for symptom control and seek a cure through ongoing alternative medicine therapies. After much counseling, we discharged him home with hospice support.

Breast cancer is the most commonly diagnosed cancer and principle cause of death from cancer in women worldwide (1). As common as breast cancer unfortunately is among women, it is quite uncommon in men. While a woman's lifetime risk of developing breast cancer in the United States is approximately 1 in 8, a man's risk is only 1 in 1,000 (2). Breast cancer in males accounts for 1% of all diagnosed breast cancers (3).

Men with breast cancer are usually diagnosed at an older age, have higher stage of disease at time of diagnosis, and have a higher proportional mortality rate than women. A majority of cases are infiltrating ductal adenocarcinoma in histology, and are hormone-receptor positive. More than 40% of patients with male breast cancer have stage 3 or 4 disease at time of diagnosis. When adjusted for age at diagnosis and stage of disease, outcomes are similar for male and female breast cancer patients. (4).

The strongest risk factor for development of male breast cancer is Klinefelter syndrome. Males with Klinefelter syndrome have a risk of breast cancer that is nearly that of females. The next greatest risk factor is strong family history of breast cancer. Regarding the genetics of disease, BRCA2 mutation has a greater association with development of male breast cancer than does BRCA1 (4). Our patient did not have a family history of breast cancer, and on physical examination he did not appear to have Klinefelter syndrome. Still, we offered him BRCA gene testing and karyotyping, which he declined.

### TEACHING POINT SUMMARY:

- Breast cancer affects men with an incidence rate of 1 in 1,000
- Breast cancer in men is usually diagnosed at more advanced stages than in women, likely due to lack of awareness
- Breast examination is part of a complete physical exam for all genders

-Risk factors for male breast cancer include Klinefelter syndrome, family history, and BRCA2 mutation

#### REFERENCES:

1. Parkin DM, Pisani P, & Ferlay J (1999) Global cancer statistics. *CA Cancer J Clin* 49(1):33-64, 31.
2. Desantis C, Ma J, Bryan L, & Jemal A (2013) Breast cancer statistics, 2013. *CA Cancer J Clin*.
3. Contractor KB, Kaur K, Rodrigues GS, Kulkarni DM, & Singhal H (2008) Male breast cancer: is the scenario changing. *World J Surg Oncol* 6:58.
4. Gomez-Raposo C, Zambrana Tevar F, Sereno Moyano M, Lopez Gomez M, & Casado E (2010) Male breast cancer. *Cancer Treat Rev* 36(6):451-457.