

Response to "Male Patients With Breast Cancer: Addressing Needs Using an Educational Task Force"

I would like to thank Cutrone, Segna, and Baron (2018) for their very thoughtful article on male patients with breast cancer. Men with a diagnosis of breast cancer have unique needs that need to be addressed in a caring and comprehensive manner.

Male breast cancer is associated with hereditary risk for developing breast and other cancers. An estimated 4% of men with breast cancer have *BRCA1* mutations, and 4%–16% have *BRCA2* mutations (Giordano, 2018). Mutations in the *CHEK2* and *PALB2* genes have also been associated with an increased risk for developing male breast cancer (Freedman & Partridge, 2017). Knowledge that a man carries a mutation associated with a hereditary risk for developing breast cancer often guides surgery decisions, including the choice to have a risk-reducing mastectomy on the contralateral side and increased surveillance for other organs at increased risk, depending on the susceptibility associated with a mutation. The first-degree relatives of men with a pathogenic mutation have a 50% risk of carrying the mutation and would benefit from testing and, if testing positive, from more intensive screening and possibly risk-reducing surgery (National Comprehensive Cancer Network, 2018). Identifying families with genetic susceptibility can ultimately decrease the morbidity and mortality associated with malignancy.

Because breast cancer in men is associated with an increased risk of germline *BRCA1* and *BRCA2* and other pathogenic mutations, healthcare providers should consider referral of all men with breast cancer to a specialist in cancer genetics for a discussion of genetic testing. A diagnosis of male breast cancer satisfies criteria for genetic testing for male breast cancer to be covered by Medicare and most other private insurance carriers, so this should not be a barrier to exploring genetic testing (Brown et al., 2018; Centers for Medicare and Medicaid Services, 2018).

Gaps in knowledge about potential hereditary risk in men with breast cancer may exist. Research suggests that as many

as 80% of men with a first-degree relative with breast cancer do not realize they have a hereditary risk for developing breast and other cancers, such as prostate, melanoma, and pancreatic cancers (Fentiman, 2018).

Programs that target the needs of men with a diagnosis of cancer should include information on potential risk for a pathogenic germline hereditary mutation and how to access genetic services for evaluation and education, as well as possible implications for the patient and other family members. Evidence-based guidelines state that men with a diagnosis of breast cancer should be referred for genetic evaluation (National Comprehensive Cancer Network, 2018).

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No financial relationships to disclose.

REFERENCES

- Brown, S., Puumala, S., Leonhard, J., Bell, M., Flanagan, J., Dean, L.W., & Stein, Q. (2018). Genesurance counseling: Genetic counselors' roles and responsibilities in regards to genetic insurance and financial topics. *Journal of Genetic Counseling*, 27, 800–813.
- Centers for Medicare and Medicaid Services. (2018). Local coverage determination (LCD): MoIDX: BRCA1 and BRCA2 genetic testing (L36163). Retrieved from <https://go.cms.gov/2AoKTd4>
- Cutrone, J.N., Segna, A.N., & Baron, R.H. (2018). Male patients with breast cancer: Addressing needs using an educational task force. *Clinical Journal of Oncology Nursing*, 22, 415–420. <https://doi.org/10.1188/18.CJON.415-420>
- Fentiman, I.S. (2018). Unmet needs of men with breast cancer. *European Journal of Surgical Oncology*, 44, 1123–1126. <https://doi.org/10.1016/j.ejso.2018.05.004>
- Freedman, R.A., & Partridge, A.H. (2017). Emerging data and current challenges for young, old, obese, or male patients with breast cancer. *Clinical Cancer Research*, 23, 2647–2654. <https://doi.org/10.1158/1078-0432.ccr-16-2552>
- Giordano, S.H. (2018). Breast cancer in men. *New England Journal of Medicine*, 378, 2311–2320.
- National Comprehensive Cancer Network. (2018). *NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Genetic/familial high-risk assessment: Breast and ovarian* [v.2.2019]. Retrieved from <https://bit.ly/1TXEydl>

The Authors Respond

My coauthors and I would like to thank you for your thoughtful comments regarding genetic testing in male patients with breast cancer.

The Memorial Sloan Kettering Cancer Center (MSKCC) Male Breast Cancer Educational Task Force identified gaps and revised educational materials and psychosocial support services with the goal of being more inclusive and providing gender-neutral care. Our task force prioritized revision of the three MSKCC patient education documents most frequently provided to men. Then, we modified 19 additional documents to incorporate male-specific information and added or changed terminology to ensure gender neutrality. The focus of the task force was tailoring educational materials to men.

In Cutrone, Segna, and Baron (2018), we did not specifically address the subgroup of patients at risk for genetic mutations, or those with known mutations who may require additional interventions; instead, we focused on the need for inclusive care. Nurses should be prepared to answer questions and provide support for men and women with specific needs. Specialized educational materials and psychosocial support for patients with genetic risk factors should include gender modifications to address the needs of men and women. Hopefully, this will result in a more personalized treatment experience for all patients with breast cancer.

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REFERENCE

- Cutrone, J.N., Segna, A.N., & Baron, R.H. (2018). Male patients with breast cancer: Addressing needs using an educational task force. *Clinical Journal of Oncology Nursing*, 22, 415–420. <https://doi.org/10.1188/18.CJON.415-420>

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