

Men should be included in trials to find better treatments for breast cancer

March 23 2018

Professor Robert Mansel, Chair of the 11th European Breast Cancer Conference (EBCC-11) and Emeritus Professor of Surgery at Cardiff University School of Medicine, UK, has called for men to be included in trials to improve treatments for breast cancer.

Following new research presented by Professor Isabel Rubio at EBCC-11 that showed that if women are pre-treated with targeted drugs to shrink tumours before [surgery](#), they could avoid radical surgery, Prof Mansel said: "These findings could apply to men also, but we just don't know because men with [breast cancer](#) are almost never included in clinical trials.

"We need trials to start including men, so that we can discover whether or not they respond in the same way to targeted treatments as women. They may not, because the hormones involved in the [cancer](#) are different, but until this is investigated in trials, we do not know what is the best [treatment](#) for them.

"The cosmetic result after surgery is important for men too," he continued. "At present, men with [breast](#) cancer often undergo radical surgery to remove all the cancer, but why should surgeons remove the nipple and the areola, if it's not necessary? Men feel self-conscious about how this looks because if they want to swim or go to the beach their chests are uncovered if they wear swimming trunks. They could benefit from more conservative surgery that preserves the nipple and areola."

Breast cancer in men is 100 times less common than in women, with a lifetime risk of developing it of about one in 1,000 men. In the UK there are approximately 390 men diagnosed with breast cancer each year, compared to 54,800 cases in women. In the USA there were an estimated 2,240 new cases of and 410 deaths from male breast cancer in 2013.

The European Organisation for Research and Treatment of Cancer (EORTC), the Breast International Group (BIG) and the North American Breast Cancer Groups are coordinating an effort to analyse clinical data from a prospective international registry of [male breast cancer](#) patients. It will evaluate the number of patients that it is feasible to recruit for a future clinical trial, describe patterns of care, and assess sample collection rate.

"This collaborative approach will be needed to perform reliable clinical [trials](#) in men," said Prof Mansel.

Prof Rubio, co-chair of EBCC-11, former head of the breast surgical oncology unit at the breast cancer centre at Vall d'Hebron University Hospital in Barcelona, and now director of the Breast Surgical Unit at Clinica Universidad de Navarra, Spain, presented her research to the conference on Friday. She described how extensive surgery involving mastectomy and removal of several lymph nodes could be safely avoided for more women with some types of breast cancer, if they received targeted drugs before surgery.

The study focused on women with HER2 positive breast cancer, an aggressive form of the disease, who were given a targeted drug treatment to shrink their tumours before they had surgery.

Previous research has shown that women who have less extensive surgery suffer fewer long-term side-effects and enjoy better quality of

life. Prof Rubio said her work shows that even [women](#) with aggressive tumours can be safely treated with breast-conserving surgery, if the cancer responds to targeted treatment.

More information: Abstract no: 19, "Breast and axillary conservative surgery after neoadjuvant treatment in HER 2 positive breast cancer patients: The time is now" Friday 23 March, "Clinical Science Symposium: Local Treatment of the Breast After Excellent Response to Preoperative Systemic Therapy"

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