MY TURN

## I HAVE BREAST CANCER

Yes, men as well as women can get—and survive—this terrible disease

BY ROBERT N. RITER

ARLY IN AUGUST OF '96, I NOTICED A SMALL LUMP under my left nipple. I wasn't too concerned—I assumed it was a cyst that would go away on its own. About three weeks later, I was driving home from work and felt some wetness on my chest. When I looked inside my shirt I saw blood dripping from my nipple. My first reaction was more of surprise than worry. My second was the gut feeling that this was not good news. I rushed to my family practitioner, who said that my symptoms clearly merited investigation. I saw a surgeon later that day and had a needle aspiration that led to an excisional biopsy. The pathology report stated my lump was malignant - an "infiltrating ductal carcinoma" - the most common form of breast cancer.

I'm a career academic, and I soon got busy researching the topic of male breast cancer. There are about 1,400 new cases in the United States every year, mostly in men over the age of 60. In essence, it is the same disease in men and women — diagnosis, treatment and prognosis are virtually identical (with the exception that men, since they have so little breast tissue, usually have all of their breast removed rather than just the area around the lump). And, of course, the psychological issues are different. Losing a breast does not have the same significance for a man as for a woman. On the flip side, men are more likely to go around shirtless. I suspect that I'll be the only single-nippled, 41-year-old male at the beach this summer.

I'm also the first person on either side of my family to get this diagnosis. In light of this, the oncologist said my cancer was "probably a bad random event." He recommended six months of chemotherapy, which I recently finished. Undergoing the chemo was actually rather anticlimactic. It took only a half hour every three weeks; the nurse put on a Band-Aid and sent me home. Then came hours of sitting around and waiting for bad things to happen. Fortunately, my side effects were relatively mild; simple fatigue was my primary problem. The new anti-nausea medications work very well-I didn't vomit once during all of the chemo treatment. Oddly, my dog got sick that first night of waiting. Man's most empathetic friend.

My lowest point came when I studied the statistics. The fiveyear survival rate for my stage of breast cancer was about 80 percent. Sobering, but reasonably good news. Then I saw the 10-year rate was closer to 60 percent. For the first time, I realized that living five years doesn't mean that I'll live 10. Not long after being diagnosed, I opened a fortune cookie. The message said, "You have yet to live the best years of your life." I'm still not sure if I find that comforting or worrisome.

Having a life-threatening illness has not transformed my life. I haven't made plans to travel, nor have I learned to sky-dive. But it has made me ponder my time horizon in unexpected ways. How



should I allocate the funds in my retirement account? I know that, over the long term, stocks are generally the best investment and are recommended when planning for a distant retirement. But what if my health deteriorates and I need to leave work in the not-so-distant future? Perhaps I should put the funds into bonds or other more stable investments. I expect to be around to retire at a ripe old age, but I say that with considerably less certainty than I did a few years ago.

Whenever I tell someone I have breast cancer, there's an inevitable pause. The news is so completely out of the blue that everyone's initial reaction is stunned, open-mouthed silence. I used to think that a person's jaw dropping open was a figure of speech, but I've seen it happen many times over the last few months. In all likelihood, some old friends and acquaintances are learning of my breast cancer by reading this article. Their dazed expressions will probably last for a while.

I'm the first man to be a full-fledged member of the Ithaca (N.Y.) Breast Cancer Alliance. I'm probably not the only male in this area with the disease, but men who have it are unlikely to wear pink ribbons or join support groups. It's partly generational-most of the men are older and

aren't inclined to talk about such a personal issue. Men find it hard to discuss their prostate cancer, let alone a "female" disease. The Internet, though, has been a real help. After I was diagnosed, I logged on and searched for the keyword "breasts." There were three categories: pornography, information about breast cancer and a hell of a lot of chicken recipes. Later, I joined the Breast-Cancer Listserve—a group that shares information and support online. I really do feel a sense of community by sharing with others who have been through the same ordeal. Available 24 hours a day, the Net was especially useful when chemotherapy wreaked havoc with my sleep patterns.

A few weeks after my mastectomy, I went to a store looking for a new navy blazer. I was stumped by the choice of single- and doublebreasted models. Whichever I decided would be making some sort of psychological statement - perhaps the single breasted might say that I'm proud of my single-breasted self; or the double breasted would say that I'm still the same, complete person. My decisionmaking ability, slowed by "chemobrain," could not deal with the nuances, so I bought a noncommittal beige sweater instead.

I'll soon begin taking Tamoxifen, a commonly used hormonal drug. One common side effect is hot flashes. Let me note that I'm learning more about women's health concerns than I ever imagined. As my women friends enter menopause, they may be calling

There are certain indignities that come with my condition. I once went to the hospital for some lab work, and the lab tech, noting the referral slip, asked, "Is this the correct diagnosis?" I suspect that she doesn't ask women that question. And I felt odd going to a "women's imaging center" for a mammogram. My follow-up letter from the center was addressed to Ms. Robert Riter. The radiology tech did note that I had the hairiest chest she's ever seen in a mammogram room. I think that deserves some sort of award.

RITER is an assistant professor in health-services administration at Ithaca College in New York.