

## **[Breast Cancer in Men - Treatment Options](#) [1]**

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**ON THIS PAGE:** You will learn about the different ways doctors use to treat men with this type of cancer. To see other pages, use the menu on the side of your screen.

This section outlines treatments that are the standard of care (the best known treatments available) for this specific type of cancer. When making treatment plan decisions, patients are also encouraged to consider clinical trials. A clinical trial is a research study to test a new approach to treatment to evaluate whether it is safe, effective, and possibly better than the standard treatment. Clinical trials may test approaches such as a new drug, a new combination of standard treatments, or new doses of current therapies. Your doctor can help you review all treatment options. For more information, see the [About Clinical Trials](#) [3] and [Latest Research](#) [4] sections.

### **Treatment overview**

In cancer care, doctors specializing in different areas of cancer treatment—such as surgery, radiation oncology, and medical oncology—work together to create a patient’s overall treatment plan that combines different types of treatments. This is called a [multidisciplinary team](#) [5]. Cancer care teams also include a variety of other health care professionals, including physician assistants, oncology nurses, social workers, pharmacists, counselors, nutritionists, and others.

The biology and behavior of a breast cancer affects the treatment plan. Some tumors are small but grow fast, while others are large and grow slowly. Treatment options and recommendations are very personalized and depend on several factors, including:

- The [stage](#) [6] of the tumor

- The tumor's subtype, including hormone receptor status (ER, PR) and HER2 status (see [Overview](#) [7])
- Genomic markers, such as Oncotype DX™ or MammaPrint™ (if appropriate) (See [Diagnosis](#) [8])
- The patient's age, general health, and preferences
- The presence of known mutations in inherited breast cancer genes, such as *BRCA1* or *BRCA2*

Even though the breast cancer care team will specifically tailor the treatment for each patient and the breast cancer, there are some general steps for treating breast cancer.

For both DCIS and early-stage invasive breast cancer, doctors generally recommend surgery to remove the tumor. To make sure that the entire tumor is removed, the surgeon will also remove a small area of healthy tissue around the tumor. Although the goal of surgery is to remove all of the visible cancer, microscopic cells can be left behind, either in the breast or elsewhere. In some situations, this means that another surgery could be needed to remove remaining cancer cells.

For larger cancers, or those that are growing more quickly, doctors may recommend systemic treatment with chemotherapy or hormonal therapy before surgery, called neoadjuvant therapy. There may be several benefits to having other treatments before surgery:

- Surgery may be easier to perform
- Your doctor may find out if certain treatments work well for the cancer
- You may also be able to try a new treatment through a clinical trial

After surgery, the next step in managing early-stage breast cancer is to lower the risk of recurrence and to get rid of any remaining cancer cells. If present, these cancer cells are undetectable but are believed to be responsible for both local and distant recurrence of cancer. Treatment given after surgery is called adjuvant therapy. Adjuvant therapies may include radiation therapy, chemotherapy, targeted therapy, and/or hormonal therapy (see below for more information on each of these treatments). Whether adjuvant therapy is needed depends on the chance that any cancer cells remain in the breast or the body and the chance that a

specific treatment will work to treat the cancer. Although adjuvant therapy lowers the risk of recurrence, it does not completely get rid of the risk.

Along with staging, other tools can help estimate prognosis and help you and your doctor make decisions about adjuvant therapy. The website Adjuvant! Online, available at another, independent website called [www.adjuvantonline.com](http://www.adjuvantonline.com) [9], is a tool that your doctor can use to interpret a variety of prognostic factors. This website should only be used with the interpretation of your doctor. In addition, other tests that can predict the risk of recurrence for your specific tumor by testing your tumor tissue (such as Oncotype Dx™ and MammaPrint™) may be also used to better understand the risks from the cancer and whether chemotherapy will help reduce those risks.

When surgery to remove the cancer is not possible, it is called inoperable. The doctor will then recommend treating the cancer in other ways. Chemotherapy, targeted therapy, radiation therapy, and/or hormonal therapy may be given to shrink the cancer.

For recurrent cancer and metastatic cancer, treatment options depend on how the cancer was first treated and the characteristics of the cancer mentioned above, such as ER, PR, and HER2.

Descriptions of the most common treatment options for breast cancer in men are listed below. Your care plan should also include treatment for symptoms and side effects, an important part of cancer care. Take time to learn about all of your treatment options and be sure to ask questions about things that are unclear. Also, talk about the goals of each treatment with your doctor and what you can expect during and after treatment. Learn more about [making treatment decisions](#) [10].

## **Surgery**

Surgery is the removal of the tumor and some surrounding healthy tissue during an operation. Surgery is also used to examine the nearby underarm or axillary lymph nodes. A surgical oncologist is a doctor who specializes in treating cancer with surgery. Learn more about the basics of [cancer surgery](#) [11].

- A lumpectomy is the removal of the tumor and a small, cancer-free margin of healthy tissue around the tumor. Because men do not have much breast tissue, a lumpectomy is generally not an option.
- A mastectomy is the surgical removal of the entire breast. This procedure is more commonly performed in men.

## Lymph node removal and analysis

Cancer cells can be found in the axillary lymph nodes in some cancers. It is important to find out whether any of the lymph nodes near the breast contain cancer. This information is used to determine treatment and prognosis.

- **Sentinel lymph node biopsy.** The sentinel lymph node biopsy procedure allows for the removal of one to a few lymph nodes, avoiding the removal of multiple lymph nodes in an axillary lymph node dissection (see below) procedure for patients whose sentinel lymph nodes are free of cancer. The smaller lymph node procedure helps lower the risk of several possible side effects, including swelling of the arm called [lymphedema](#) [12], the risk of numbness, as well as arm movement and range-of-motion problems, which are long-lasting issues that can severely affect a person's quality of life.

In a sentinel lymph node biopsy, the surgeon finds and removes about 1 to 3 sentinel lymph nodes from under the arm that receive lymph drainage from the breast. The pathologist then examines these lymph nodes for cancer cells. To find the sentinel lymph node, the surgeon injects a dye and/or a radioactive tracer into the area of the cancer and/or around the nipple. The dye or tracer travels to the lymph nodes, arriving at the sentinel node first. The surgeon can find the node when it turns color if the dye is used or gives off radiation if the tracer is used.

If the sentinel lymph node is cancer-free, research has shown that it is likely that the remaining lymph nodes will also be free of cancer and no further surgery is needed. If the sentinel lymph node shows that there is cancer, then the surgeon may perform an axillary lymph node dissection to remove more lymph nodes to look for cancer, depending on the stage of the cancer, the features of the tumor, and the amount of cancer in the sentinel lymph nodes. It is recommended that patients with signs of cancer in the axillary lymph nodes receive an axillary lymph node dissection, regardless of whether a sentinel lymph node biopsy is done. Find out more about [ASCO's recommendations for sentinel lymph node biopsy](#) [13].

- **Axillary lymph node dissection.** In an axillary lymph node dissection, the surgeon removes many lymph nodes from under the arm, which are then examined by a pathologist for cancer cells. The actual number of lymph nodes removed varies from person to person. If cancer is found in the sentinel lymph node, whether more surgery is needed to remove additional lymph nodes varies depending on the specific situation.

Most patients with invasive cancer will have either a sentinel lymph node biopsy or an axillary lymph node dissection. A sentinel lymph node biopsy alone may not be done if there is obvious evidence of cancer in the lymph nodes before any surgery. In this situation, a full axillary lymph node dissection is preferred.

## Summary of surgical options

To summarize, surgical treatment options include the following:

- Removal of cancer in the breast: Usually a removal of the cancer and all of the breast tissue
- Lymph node evaluation: Sentinel lymph node biopsy and/or axillary lymph node dissection

Talk with your doctor about the specific surgery recommended for you and the possible side effects of that surgery, including how side effects will be managed. The most significant side effect of surgery is [lymphedema](#) [12], which can occur when lymph nodes are removed or damaged during surgery. Because the lymph nodes are part of the channels that drain the lymphatic fluid from the arm, damage to the area may hold back the flow of lymphatic fluid and cause it to back up in the arm. The use of sentinel node biopsy has been shown to reduce the risk of developing lymphedema.

## Radiation therapy

Radiation therapy is the use of high-energy x-rays or other particles to kill cancer cells. A doctor who specializes in giving radiation therapy to treat cancer is called a radiation oncologist. The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body. When radiation treatment is given using a probe in the operating room, it is called intra-operative radiation. When radiation is given by placing radioactive sources into the tumor, it is called brachytherapy. Although the research results are encouraging, intra-operative radiation and brachytherapy are not widely used for breast cancer, and treatment is typically reserved for a small cancer with no evidence that it has spread to the lymph nodes. Learn more about the basics of [radiation therapy](#) [14].

Adjuvant (after surgery) radiation therapy is recommended for some men after surgery depending on the type of surgery, the size of their tumor, the number of cancerous lymph nodes under the arm, and the width of the tissue margin around the tumor removed by the surgeon.

Radiation therapy can cause side effects, including fatigue, swelling of the breast, redness and/or skin discoloration/hyperpigmentation and pain/burning in the skin where the radiation was directed, sometimes with blistering or peeling. Very rarely, a small amount of the lung can be affected by the radiation, causing pneumonitis, a radiation-related swelling of the lung tissue. This risk depends on the size of the area that received radiation therapy, and this tends to heal with time. In the past, with older equipment and radiation therapy techniques, men and women who received treatment for breast cancer on the left side of the body had a small increase in the long-term risk of heart disease. Modern techniques are now able to spare most of the heart from the effects of radiation therapy.

## **Systemic therapy**

Systemic therapy is treatment taken by mouth or through a vein that gets into the bloodstream to reach cancer cells throughout the body. There are three general categories of systemic therapy used for breast cancer: chemotherapy, hormonal therapy, and targeted therapy. Each treatment is described below in more detail. Treatment options are based on information about the cancer and your overall health and treatment preferences.

## **Chemotherapy**

Chemotherapy is the use of drugs to destroy cancer cells. Chemotherapy works by stopping the cancer cells' ability to grow and divide. Chemotherapy is prescribed by a medical oncologist, a doctor who specializes in treating cancer with medication. Common ways to give chemotherapy include an intravenous (IV) tube placed into a vein using a needle or in a pill or capsule that is swallowed (orally).

Chemotherapy may be given before surgery to shrink a large tumor and make surgery easier, called neoadjuvant chemotherapy. It may also be given after surgery to reduce the risk of recurrence, called adjuvant chemotherapy. Chemotherapy may also be given if a patient has a metastatic breast cancer recurrence.

A chemotherapy regimen (schedule) consists of a specific treatment schedule of drugs given at repeating intervals for a set period of time. Chemotherapy may be given on many different schedules depending on what worked best in clinical trials for that specific type of regimen. It may be given once a week, once every 2 weeks (also called dose-dense), once every 3 weeks, or even once every 4 weeks. Common drugs for breast cancer include:

- Capecitabine (Xeloda)
- Carboplatin (Paraplatin)
- Cisplatin (Platinol)
- Cyclophosphamide (Neosar)
- Docetaxel (Docefrez, Taxotere)
- Doxorubicin (Adriamycin)

- Pegylated liposomal doxorubicin (Doxil)
- Epirubicin (Ellence)
- Fluorouracil (5-FU, Adrucil)
- Gemcitabine (Gemzar)
- Methotrexate (multiple brand names)
- Paclitaxel (Taxol)
- Protein-bound paclitaxel (Abraxane)
- Vinorelbine (Navelbine)
- Eribulin (Halaven)
- Ixabepilone (Ixempra)

A patient may receive one drug at a time or combinations of different drugs at the same time. Research has shown that combinations of certain drugs are sometimes more effective than single drugs for adjuvant treatment. The following drugs or combinations of drugs may be used as adjuvant therapy to treat breast cancer:

- AC (doxorubicin and cyclophosphamide)
- AC or EC (epirubicin and cyclophosphamide) followed by T (doxorubicin and cyclophosphamide, followed by paclitaxel or docetaxel, or the reverse)
- CAF (cyclophosphamide, doxorubicin, and 5-FU)
- CEF (cyclophosphamide, epirubicin, and 5-FU)

- CMF (cyclophosphamide, methotrexate, and 5-FU)
- EC (epirubicin, cyclophosphamide)
- TAC (docetaxel, doxorubicin, and cyclophosphamide)
- TC (docetaxel and cyclophosphamide)

Therapies that target the HER2 receptor may be given with chemotherapy for HER2-positive breast cancer (see Targeted therapy, below). One example is the antibody trastuzumab. Combination regimens for HER2-positive breast cancer may include:

- ACTH (doxorubicin, cyclophosphamide, paclitaxel, trastuzumab)
- TCH (docetaxel, carboplatin, trastuzumab)
- THP (paclitaxel or docetaxel, trastuzumab, pertuzumab)
- TCHP (docetaxel, carboplatin, trastuzumab, pertuzumab)
- TH (paclitaxel, trastuzumab)

The side effects of chemotherapy depend on the individual, the drug(s) used, and the schedule and dose used. These side effects can include fatigue, risk of infection, nausea and vomiting, hair loss, loss of appetite, and diarrhea. These side effects can often be very successfully prevented or managed during treatment with supportive medications, and they usually go away once treatment is finished. Rarely, long-term side effects may occur, such as heart damage, nerve damage, or secondary cancers. Many patients feel well during chemotherapy treatment and are active taking care of their families, working, and exercising during treatment, although each person's experience can be different. Talk with your health care team about the possible side effects of your specific chemotherapy plan.

Learn more about the basics of [chemotherapy](#) [15] and [preparing for treatment](#) [16]. The medications used to treat cancer are continually being evaluated. Talking with your doctor, oncology nurse, or pharmacist is often the best way to learn about the medications prescribed for you, their purpose, and their potential side effects or interactions with other medications. Learn more about your prescriptions by using [searchable drug databases](#) [17].

## Hormonal therapy

Hormonal therapy, also called endocrine therapy, is an active treatment for most tumors that test positive for either estrogen or progesterone receptors (called ER-positive or PR-positive; see [Overview](#) [7]), in both early-stage and metastatic cancer. Because most men with breast cancer have ER-positive disease, hormonal therapy is often part of the treatment plan. This type of tumor uses hormones to fuel its growth. Blocking the hormones usually slows the growth of the tumor.

Adjuvant endocrine therapy typically involves taking a hormonal agent for 5 years. Recent data have suggested that taking adjuvant endocrine therapy for up to 10 years may be better than 5 years, especially for higher-risk tumors. A decision on appropriate duration of therapy considers stage and risk of the cancer, as well as the specific side effects the patient may be experiencing.

Hormonal therapy after surgery may be used by itself or after chemotherapy. Hormonal therapy options for men include:

- **Tamoxifen** (Nolvadex, Soltamox) is the primary hormonal therapy used for men with breast cancer. It blocks estrogen from binding to breast cancer cells.
- **Aromatase inhibitors** decrease the amount of estrogen made by the body. This type of treatment is effective in treating breast cancer in postmenopausal women, but there is not much information on its use for men with breast cancer. Caution is urged in using aromatase inhibitors in men who still have their testicles (testes), as these treatments could cause androgen levels to increase. If an aromatase inhibitor is used, an additional injection medication to decrease androgen production may be offered as well.
- **Fulvestrant** (Faslodex) is a drug that is given by injection once a month. It is used when treating metastatic breast cancer. It stops estrogen from helping a cancer grow in a way that is different from tamoxifen. Like aromatase inhibitors, there is not much information on its use for men, but research has shown that it may be effective.

Side effects of hormonal therapy can include hot flashes, decreased sexual desire or ability, and mood swings.

## Targeted therapy

Targeted therapy is a treatment that targets the cancer's specific genes, proteins, or the tissue environment that contributes to cancer growth and survival. These treatments are very focused, and work differently than chemotherapy. This type of treatment blocks the growth and spread of cancer cells while limiting damage to healthy cells.

Recent studies show that not all tumors have the same targets. To find the most effective treatment, your doctor may run tests to identify the genes, proteins, and other factors in your tumor, although this is considered experimental. In addition, many research studies are taking place now to find out more about specific molecular targets and new treatments directed at them. Learn more about the basics of [targeted treatments](#) [18].

The first approved targeted therapies for breast cancer were hormonal therapies. Then, HER2 targeted therapies were approved to treat HER2-positive breast cancer. Newer medications, including palbociclib (Ibrance) and Everolimus (Afinitor), are targeted therapies approved for metastatic ER-positive HER2-negative breast cancer. Palbociclib may cause damage to sperm and should not be used in men if pregnancy is being considered. Targeted therapy is also used to prevent growth of cancer that has spread to the bone and to maintain bone health. Talk with your doctor about possible side effects of specific medications and how they can be managed.

## **HER2 targeted therapy**

- Trastuzumab is approved for both the treatment of advanced HER2-positive breast cancer and as an adjuvant therapy for non-metastatic HER2-positive breast cancer. For metastatic cancer, trastuzumab can be given in combination with different types of chemotherapy. Patients receiving trastuzumab have a small (2% to 5%) risk of heart problems. This risk is increased if a patient has other risk factors for heart disease or receives chemotherapy that also increases the risk of heart problems at the same time. These heart problems may go away and can be treatable with medication.
- Pertuzumab (Perjeta) is approved for the treatment of advanced breast cancer. Research shows that adding pertuzumab to trastuzumab and chemotherapy for advanced breast cancer not yet treated with either chemotherapy or trastuzumab increases the effectiveness of treatment and lengthens lives with few additional side effects. Based on this data, the combination of trastuzumab, pertuzumab, and chemotherapy has become the standard of care for the treatment of untreated advanced breast cancer. Pertuzumab is also approved as neoadjuvant treatment for breast cancer in the United States, in combination with trastuzumab and chemotherapy, and is being studied as an adjuvant treatment for early-stage disease.
- Ado-trastuzumab emtansine or T-DM1 (Kadcyla) is approved for the treatment of metastatic breast cancer for patients who have previously received trastuzumab and chemotherapy with either paclitaxel or docetaxel. T-DM1 is one medication that is a combination of trastuzumab linked to a type of chemotherapy. This allows the drug to deliver chemotherapy into the cancer cell while lessening the chemotherapy received by healthy cells. T-DM1 is given by vein every 3 weeks. Studies are now testing T-DM1 as a treatment for early-stage breast cancer.

- Lapatinib (Tykerb) is commonly used for HER2-positive metastatic breast cancer when trastuzumab and pertuzumab in combination with docetaxel are no longer effective at controlling the cancer's growth. The combination of lapatinib and the chemotherapy capecitabine is approved to treat advanced or metastatic HER2-positive breast cancer when a patient has already received chemotherapy and trastuzumab. Lapatinib is also used in combination with trastuzumab for patients whose cancers were growing on trastuzumab. Lapatinib is considered following treatment with T-DM1. Lapatinib may also have some ability to penetrate into the brain, and may be considered when treating HER2 positive breast cancer that has spread to the brain.

### **Osteoclast targeted therapy (drugs that block bone destruction)**

- Bisphosphonates are drugs that block the cells that destroy bone, called osteoclasts. Bisphosphonates are commonly used in low doses to prevent and treat osteoporosis. Osteoporosis is the thinning of the bones. For breast cancer that has spread to bone, higher doses of bisphosphonates have been shown to reduce the side effects of cancer in the bone, including broken bones and pain. Pamidronate (Aredia) and zoledronic acid (Zometa) are two intravenous bisphosphonates used to treat breast cancer bone metastasis.
- Denosumab (Xgeva) is another osteoclast-targeted therapy called a RANK ligand inhibitor. Recent studies have shown that denosumab works well to treat breast cancer bone metastases, and may be better than bisphosphonates at controlling the symptoms of bone metastases. Denosumab is also effective at treating osteoporosis and is being studied as a cancer treatment in early-stage breast cancer.

Learn more about [drugs that block bone destruction](#) [19].

### **Getting care for symptoms and side effects**

Cancer and its treatment cause symptoms and side effects. In addition to treatment to slow, stop, or eliminate the cancer, an important part of cancer care is relieving a person's symptoms and side effects. This approach is called supportive or palliative care, and it includes supporting the patient with his physical, emotional, and social needs.

Palliative care is any treatment that focuses on reducing symptoms, improving quality of life, and supporting patients and their families. Any person, regardless of age or type and stage of cancer, may receive palliative care. It works best when palliative care is started as early as needed in the cancer treatment process. People often receive treatment for the cancer and treatment to ease side effects at the same time. In fact, patients who receive both often have less severe symptoms, better quality of life, and report they are more satisfied with treatment.

Palliative treatments vary widely and often include medications, nutritional support, relaxation techniques, emotional support, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as chemotherapy, surgery, or radiation therapy. Talk with your doctor about the goals of each option in your treatment plan.

Before treatment begins, talk with your health care team about the possible side effects of your specific treatment and palliative care options. During and after treatment, be sure to tell your doctor or another health care team member if you are experiencing a problem so it can be addressed as quickly as possible. Learn more about [palliative care](#) [20].

## **Recurrent breast cancer**

If the cancer does return after treatment for early-stage disease, it is called recurrent cancer. When breast cancer recurs, it may come back in the following parts of the body:

- The same place as the original cancer, which is called a local recurrence.
- The chest wall or lymph nodes under the arm or in the chest. This is called a regional recurrence.
- Another place, including distant organs such as the bones, lungs, liver, and brain. This is called a distant recurrence or a metastatic recurrence. For more information on a metastatic recurrence, see the Metastatic breast cancer section below.

When breast cancer recurs, a cycle of testing will begin again to learn as much as possible about the recurrence. Testing may include imaging tests, such as those discussed in the [Diagnosis](#) [8] section. In addition, another biopsy may be needed to confirm the breast cancer recurrence and learn about the features of the cancer.

After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the treatments described above such as surgery, radiation therapy, chemotherapy, targeted therapy, and hormonal therapy, but they may be used in a different combination or at a different pace. The treatment options for recurrent breast cancer depend on the following factors:

- Previous treatment(s) for the original cancer
- Time since the original diagnosis

- Location of the recurrence
- Characteristics of the tumor, such as ER, PR, and HER2 status

A local recurrence is frequently considered curable with further treatment. A metastatic (distant) recurrence is generally considered incurable, but it is generally treatable. Some patients live for years after a metastatic recurrence of breast cancer.

Whichever treatment plan you choose, palliative care will be important for relieving symptoms and side effects. Your doctor may also suggest clinical trials that are studying new ways to treat this type of recurrent cancer.

Men and women with recurrent breast cancer often experience emotions such as disbelief or fear. Patients are encouraged to talk with their health care team about these feelings and ask about support services to help them cope. Learn more about [dealing with cancer recurrence](#) [21].

## **Metastatic breast cancer**

If cancer has spread to another location in the body or comes back in a distant location, it is called metastatic breast cancer. In general, metastatic breast cancer is incurable, although it is generally treatable and controlled for some time. Some patients live years after a metastatic recurrence of breast cancer, depending on a number of factors.

Patients with diagnosed with metastatic breast cancer are encouraged to talk with doctors who are experienced in treating this stage of cancer, because there can be different opinions about the best treatment plan. Learn more about getting a [second opinion](#) [22] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include [clinical trials](#) [3] studying new treatments.

Your health care team may recommend a treatment plan that includes a combination of systemic therapies, such as chemotherapy, hormonal therapy, and targeted therapies. Radiation therapy and surgery may be used in certain situations for men with metastatic breast cancer. Palliative care is also important to help relieve symptoms and side effects. For instance, radiation therapy is often used to treat painful bone metastases.

For most patients, a diagnosis of metastatic cancer is very stressful and, at times, difficult to bear. Patients and their families are encouraged to talk about the way they are feeling with doctors, nurses, social workers, or other members of the health care team. It may also be helpful to talk with other patients, including through a support group.

## If treatment fails

Recovery from cancer is not always possible. If the cancer cannot be cured or controlled, the disease may be called advanced or terminal. At some point, options for treatment become very limited and the cancer will become difficult to control.

This diagnosis is stressful, and advanced cancer is difficult to discuss for many people. However, it is important to have open and honest conversations with your doctor and health care team to express your feelings, preferences, and concerns. The health care team is there to help, and many team members have special skills, experience, and knowledge to support patients and their families. Making sure a person is physically comfortable and free from pain is extremely important.

Patients who have advanced cancer and who are expected to live less than 6 months may want to consider a type of palliative care called hospice care. Hospice care is designed to provide the best possible quality of life for people who are near the end of life. You and your family are encouraged to think about where you would be most comfortable: at home, in the hospital, or in an inpatient hospice environment. Nursing care and special equipment can make staying at home a workable and preferable alternative for many families. Learn more about [advanced cancer care planning](#) [23].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about [grief and loss](#) [24].

*The [next section in this guide is About Clinical Trials](#) [3] and it offers more information about research studies that are focused on finding better ways to care for people with cancer. Or, use the menu on the side of your screen to choose another section to continue reading this guide.*

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### Links

[1] <http://www.cancer.net/cancer-types/breast-cancer-men/treatment-options>

[2] <http://www.cancer.net/about-us>

[3] <http://www.cancer.net/node/18597>

[4] <http://www.cancer.net/node/18600>

[5] <http://www.cancer.net/node/24957>

[6] <http://www.cancer.net/cancer-types/breast-cancer-men/stages>

[7] <http://www.cancer.net/node/18590>

[8] <http://www.cancer.net/node/18594>

[9] <http://www.adjuvantonline.com/>

[10] <http://www.cancer.net/node/24582>

[11] <http://www.cancer.net/node/24720>

[12] <http://www.cancer.net/node/25250>

[13] <http://www.cancer.net/node/29806>

[14] <http://www.cancer.net/node/24728>

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