Evidence Discussion (BR 9.1)

EviCore By EVERNORTH

Suspected Breast Cancer in Males

Breast cancer management in cis-gender males is similar to females. NCCN guidelines recommend that, for male patients presenting with bilateral breast enlargement consistent with gynecomastia or pseudogynecomastia, reassurance with clinical management of the presumed cause (e.g., drug induced, hypogonadism, hyperthyroidism, etc) is all that is needed. For male patients presenting with palpable symptoms not explained by gynecomastia, or for those presenting with bloody nipple discharge, work up should include mammography and ultrasound, followed by core needle biopsy if these studies should be found to be BIRADS category 4-5.[1] Mammography has been found to be accurate in distinguishing benign from malignant lesions in men, and has a sensitivity and specificity of 92% and 90%, respectively, such that more advanced imaging is generally not required.[2]

References

1. NCCN. Breast Cancer Screening and Diagnosis. 2024;2.2024.
2. Evans GF, Anthony T, Turnage RH, et al. The diagnostic accuracy of mammography in the evaluation of male breast disease. American journal of surgery. 2001 Feb;181(2):96-100. PubMed PMID: 11425067. Epub 2001/06/27. eng.