Commentary on Nguyen et al. “Living with Male Breast Cancer: A Qualitative Study of Men’s Experiences and Care Needs”

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Dear Editor,

In their recent article, Nguyen et al. [1] presented research on experiences and needs of male breast cancer patients in Germany. Breast cancer in men is a rare condition, and studies exploring the needs of male breast cancer patients are still needed. The authors conducted semi-structured interviews with $n = 18$ patients and performed qualitative content analysis. We congratulate the authors to contributing to a better understanding of the specific needs of these men and their caregivers.

Describing the current state of research, the authors refer to the health services’ research gap concerning male breast cancer. Some of these gaps have been addressed in prior work conducted by a multidisciplinary research team, including the authors of this letter, within the N-MALE study (“Male breast cancer: patients’ needs in prevention, diagnosis, treatment, rehabilitation, and follow-up care”) that was funded by the German Cancer Aid between 2016 and 2018. Results of this study have been published in this *Breast Care* [2] as well as others [3–5]. These results are based on a study sample of $n = 100$ male breast cancer patients across Germany. We used a mixed-methods approach by triangulating qualitative interview data from $n = 27$ patients and standardized survey data from 100 patients. In addition, we incorporated the perspective of health professionals involved in male breast cancer care and conducted semi-structured interviews with $n = 23$ participants and two focus group discussions with $n = 16$ participants.

The central findings of both Nguyen et al. [1] as well as the N-MALE study regarding the patient perspective are in accordance: both studies report some experiences of stigmatization and of shortcomings including barriers in access to gynecological outpatient care and unclear responsibilities. This replication of findings validates the results of both studies. Besides the qualitative exploration of the patients’ perspectives, our survey results can help quantify the occurrence of stigmatization or barriers to receiving care. Nguyen et al. [1] describe “a lack of awareness and experience of treating males among health professionals” as a central experience male breast cancer patients make. Our data analyzing the

healthcare provider interviews show a similar pattern: we found insecurities in terms of treatment recommendations or responsibilities, and a lack of interdisciplinary cooperation, especially in follow-up care [5].

Following the N-MALE study’s initial results, two of the findings that were also addressed by Nguyen et al. [1] were investigated in more detail or processed; one considers the challenges of reimbursement of male breast cancer care in gynecology practices [6]. Based on a representative national survey of the associations of statutory health insurance physicians in all federal states of Germany, we found divergent practices in the states [7]. In short, office-based gynecologists get their services reimbursed depending on the state and the respective association of statutory health insurance physicians. This should be considered when discussing individual doctors’ responsibilities and instruction for reimbursement for male breast cancer treatment [1]. Second, addressing the lack of adequate information material, we summarized our results from the patients’ and the providers’ perspective in fact sheets, together with a conversation prompt sheet for patients to get prepared for their medical encounters (in German language) [7].

Bringing together the results of Nguyen et al. [1] and our research [2], the central implications for male breast cancer care are becoming more evident: awareness of the disease should be increased, study evidence for male breast cancer should be generated, information material should be tailored to men, access to outpatient gynecological care should be ensured, and information on this responsibility should be part of trainings for health professionals.

Disclosure Statement

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Author Contributions

Both authors contributed equally to this letter.

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