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If you live in a state we are registered in, and would like to help our cause, please send your tax deductible donation to "John W. Nick Foundation, Inc." We also accept credit cards on our website: www.malebreastcancer.org

We're also looking for individual or business sponsors to help with our educational program. In return, you or your business will be recognized for the sponsorship of your choosing (i.e., printed materials, travel expenses to health fairs, etc.).

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**The Ribbons are Pink,
But should be Pink & Blue.
Women get Breast Cancer,
But Men Get It Too!**

www.MaleBreastCancer.org

**A non-profit organization,
focused on educating the public
about the dangers of male breast cancer.**

Inflammatory Breast Cancer

(Yes, men get this too!)

In inflammatory breast cancer, the breast looks red and swollen and feels warm. The redness and warmth occur because the cancer cells block the lymph vessels in the skin. The skin of the breast may also show the pitted appearance called peau d'orange (like the skin of an orange). Inflammatory breast cancer may be stage IIIB, stage IIIC, or stage IV.



Inflammatory breast cancer of the left breast showing peau d'orange and inverted nipple.

Stage IIIB breast cancer is divided into stages IIIA, IIIB, and IIIC. In stage IIIB, the cancer may be any size, has spread to tissues near the breast (the skin or chest wall, including the ribs and muscles in the chest), and may have spread to lymph nodes within the breast or under the arm.

Stage IIIC breast cancer is divided into stages IIIA, IIIB, and IIIC. In stage IIIC, cancer has spread to lymph nodes beneath the collarbone and near the neck; and may have spread to lymph nodes within the breast or under the arm and to tissues near the breast.

Stage IV breast cancer. Cancer has spread to other organs of the body, most often the bones, lungs, liver, or brain.

Facts About Male Breast Cancer:



For every 124 women who contract breast cancer, at least one man will contract the same disease.

For every woman who contracts breast cancer, one man will contract prostate cancer and will have an increased risk for breast cancer.

Men who never manifest breast cancer can still pass on the gene to their children, creating a greater risk that the girls, in particular, will contract breast cancer. This means that male breast cancer could be one of the root causes in the epidemic of female breast cancer!

As a result of all this and more, tens of thousands of men, women and children are affected by male breast cancer every year.

Breast Cancer Mortality Rates:

Current estimates show that the U.S. breast cancer mortality rate is 42% higher in men with breast cancer than women. This estimate is based on numbers from the American Cancer Society, which shows that 211,240 women will contract invasive breast cancer this year in the U.S. alone. Of these women, 40,410 are expected to die. 1,690 men will contract invasive breast cancer. From this number, 460 men are expected to die.

What are the BRCA1 & BRCA2 Genes?

According to the National Cancer Institute, U.S. National Institutes of Health:

- **BRCA1** - A gene on chromosome 17 that normally helps to suppress cell growth. A person who inherits an altered version of the BRCA1 gene has a higher risk of getting breast, ovarian, or prostate cancer.
- **BRCA2** - A gene on chromosome 13 that normally helps to suppress cell growth. A person who inherits an altered version of the BRCA2 gene has a higher risk of getting breast, ovarian, or prostate cancer.

Men with an altered BRCA1 or BRCA2 gene have an increased risk of breast cancer (primarily if the alteration is in BRCA2), and possibly prostate cancer. Alterations in the BRCA2 gene have also been associated with an increased risk of lymphoma, melanoma, and cancers of the pancreas, gallbladder, bile duct, and stomach in some men and women.

The likelihood that breast and/or ovarian cancer is associated with BRCA1 or BRCA2 is highest in families with a history of multiple cases of breast cancer, cases of both breast and ovarian cancer, one or more family members with two primary cancers (original tumors at different sites), or an Ashkenazi (Eastern European) Jewish background. However, not every cancer in such families is linked to alterations in these genes.

Why Organic?



Today we hear so much about researchers trying to find a cure for cancer and other diseases. Why not start with eliminating the chemicals in our food, water, and the environment?

Foods: Organic foods contain no chemicals or pesticides. They are back-to-basic foods, like those our grandparents used to grow and eat. Organic foods usually come from smaller farms, are not mass produced, and have very strict standards for growing.

Many diseases that we contract might be caused from genetics, or the chemicals in our foods, water, and air. People are becoming educated about organic products. In an article from www.organicconsumers.org we learn that 2,000 hospitals in the U.S will have access to natural and organic foods in 2006. While in a hospital, you are supposed to heal. How can you heal when most hospitals feed you foods that are processed, have preservatives and chemicals?

Cleaners: Once you understand the reasons that organic cleaners are safer, healthier, and cost effective you will avoid exposing yourself and loved ones to the toxins found in commercial off-the-shelf cleaners and laundry detergents. When using cleaning products that you pour out of a container, like those containing ammonia, you receive exposure either through your skin or from the fumes that arise afterward.

Start protecting your health and the environment. Buy organic! It could save your life and our environment.



John W. Nick Foundation, Inc.
Created November 9, 1995 in
memory of John W. Nick, who
died from breast cancer at the
age of 58 (June 11, 1991)



History: In 1995, with the help of her mother Patricia and son Adam, Nancy Nick founded the John W. Nick Foundation in memory of her father. The purpose is to inform the public and medical community the dangers of male breast cancer.

In the time before his death, John had visited several physicians and was told by all of them not to worry, so he didn't. He remained undiagnosed for almost eight years. Finally, a physician recognized the symptoms and he had a radical mastectomy and other aggressive cancer treatments. But, it was too late. As it was in his case male breast cancer is often overlooked in men. Early detection is your key to survival.

The John W. Nick Foundation relies on a multi-media approach for disseminating the most current and accurate information available. Our website has been a major source of information for those in need. Personal stories from survivors and their families offer a look at individual histories of diagnosis and treatment. The sharing of knowledge is power and you get it through accurate information.

This booklet is not intended for personal diagnosis. If you think you have a problem, please contact your physician immediately.

Captain Edward J. Wilson, Alaska Airlines

This is my case; don't let it be yours. Early detection is the key!!

T2,N1,MO: Are these the codes for the engine stages on the Boeing 737-900? No, these codes describe the stages for my breast cancer.

I am a 53-year-old male airline pilot who has had a left modified radical mastectomy for breast cancer. While on a layover, I felt a stinging sensation under my left nipple. The sensation around my nipple disappeared the following day. A few months later I felt hardness in the same area, but it was not permanent. I asked my doctor about this and he informed me that it might be a condition called *gynecomastia* - enlargement of male breast tissue.

During my next physical, I told my doctor that I wanted the tissue removed. After it was removed, I felt fine with just a little soreness under my nipple area. The pathology report indicated cancerous cells. The news of this report was numbing and overwhelming. The report surprised my doctor, and he wanted to proceed with surgery as soon as possible. The diagnosis revealed *infiltrating ductal carcinoma*, the most common type of breast cancer.

During the next two weeks I had several consultations with doctors, and an oncologist, regarding my case. The hardest day for me was the day that I went to pick up my pathology results from the lab. When I received the slides, I remember feeling the weight of a bowling ball in my hands. The slides had a case number for identification, and I knew that this number was mine.

I underwent the modified radical mastectomy. The surgeons removed all of the remaining cancerous area, along with five lymph nodes. Only one was positive. With the cancer removed and the pathology report verified, treatment options followed. My treatments consisted of 12 weeks of chemotherapy using two drugs, followed by 12 weeks with a different drug, in three-week intervals. My test revealed that I was *estrogen receptor-positive*. Approximately 85% of all male breast cancers are positive for this hormone. I continue with hormone therapy to help block the effects of estrogen in my body. An oncologist determined that I was not a candidate for radiation therapy.



Are You at Risk?

PLEASE take the quiz to see if you are at risk for male breast cancer. Remember just because you answered yes to some questions does not mean you have breast cancer.

[] *Do you have a breast lump, pain in your breast, swelling in your breast, or swelling under your arm?*

[] *Do you have a hard, painless lump or a bloody or clear discharge?*

[] *Is your nipple inverted and accompanied by local pain or itching?*

[] *Do you have redness or scaling of the nipple or breast skin?*

[] *Do you have one breast larger than the other?*

[] *Have you been diagnosed with a liver disease?*

[] *Have you been exposed to blast furnaces, steel foundries, rolling mills, electromagnetic fields, or ionization radiation?*

[] *Have you been diagnosed with a low testosterone level?*

[] *Have you had your testicles removed or injured from hernia surgery?*

All of the above are some symptoms of male breast cancer. It does NOT mean that you have male breast cancer. If you are concerned something is wrong you need to make an appointment with your health care provider. If your health care provider is not familiar with male breast cancer, make sure s/he knows that men get breast cancer too. If your health care provider does not understand male breast cancer or does not know about male breast cancer, ask where there is the nearest specialist. Take this information with you and make sure you ask questions.

Testimonials

“My husband of 35 years died of male breast cancer on June 11, 1991, at the age of 58. Your support is essential in order to educate people about the dangers of not being informed about male breast cancer. I ONLY wish that I knew then, what I know today.” – **Patricia Nick**

“Hi. On July 29, 2003, I lost my brother Nick to breast cancer. He was a fighter and an inspiration to me and to so many people. His faith in God and his will to live was amazing. He was a believer of what our eyes cannot see. He had faith, not fear. As he took his last breath, he took a piece of my heart with him. Saying goodbye to my brother was the hardest thing I've ever had to do. His death will not be in vain...his fight and journey on earth is over...but mine is just beginning. Don't Just Think Pink (for women) Think Blue (for men) God Bless you...and may you always have an angel by your side.” **Rosalba, Macomb, MI**

“I had a mastectomy and lymph nodes removed on my right side in 1995, at the age of 63. I was on Tamoxifen for 5 years. Found out I have metastatic breast cancer in my bones about 2 years ago. It is now in my liver too. I am taking chemo for the liver. Not much we can do about the bones. I have several Pink Ribbons, and look forward to people to ask why I wear it. Men in particular. There are so many that don't know we can get it. If you find a lump, run, don't walk to your doctor. This is a great website. Found it due to a story on male breast on a local TV news show.” **Noel Johnson, University Place, WA**

Mammograms

If a man finds a lump, a mammogram should be an automatic routine for physicians. A mammogram is essential to early detection of breast cancer, and also serves to help diagnose noncancerous breast diseases. If a lump or abnormality is found during a self or doctor's clinical exam, an accurate mammogram reading can indicate if there is need for further investigation. There are no guidelines for mammography for men, and no study on male lump sizing with mammography.



Ask the facility where your mammogram is performed and interpreted, if they are fully accredited in mammography by The American College of Radiology.

When Preparing for Your Mammogram:

- Do not wear deodorants, creams, powders, or colognes.
- Make sure your mammogram is preformed and interpreted at a fully accredited facility by the American College of Radiology.
- Embarrassment should never be a deterrent for getting a mammography!
- Qualified and experienced health care technicians are trained to take the picture.

Male Self Breast Exam



1. Make yourself soapy.
2. Place your left arm above and behind your head. With the three middle fingers of your right hand, press your breast against your chest wall.
3. In a circular motion feel small portions of your left breast, going around until you have covered the entire breast and underarm. Make sure you do it slowly.
4. Repeat again with your opposite arm.



This is only one of many methods to help you detect any changes or lumps in your breasts or underarms. If you have suspicions, make an appointment with your physician immediately!