

Shocked by His Breast Cancer Diagnosis, One Man Spread the Word

“It was important to share my story because male breast cancer *does* happen—and it happened to me.”

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Michael Tichnor still wonders what might have happened if his primary care physician did not ask him one last question during his annual physical two years ago: “Is there anything else you want to tell me?”

Until that moment, Tichnor, then 66, had no plans to mention the pebble-sized bump he accidentally discovered on his right breast while showering a few days before. He figured it was just fatty tissue or a skin tag not worth mentioning.

“Well, I’ve got this little thing here,” he told the doctor.

As he felt the bump, the doctor said that even though it was probably nothing, it was worth checking out.

“There is an extremely slight chance it could be breast cancer,” the doctor said.

Tichnor was shocked. He had no idea that men could get breast cancer; while accounting for less than 1% of all cases, there are [more than 2,500 men diagnosed with breast cancer annually](#). A few weeks later a mammogram and biopsy confirmed Tichnor was one of them; his pathology report noted grade three breast cancer cells, which are fast-growing and more likely to spread. He would need immediate surgery, which led him to Dana-Farber/Brigham and Women’s Cancer Center.

“It was such a strange, surreal experience,” recalls Tichnor, a father of three and grandfather of seven. “I’m just thankful it happened how and when it did.”

Finding the experts

Tichnor considers himself lucky on several counts with regards to his diagnosis. Because he noticed the bump just before his physical, and his doctor insisted he get further testing, the cancer was found relatively early. And since Tichnor and his wife, Karen, live just outside Boston, they had plenty of hospitals to choose from for his surgery and follow-up treatment.

“We chose Dana-Farber/Brigham and Women’s Cancer Center (DF/BWCC) not just because it is a renowned hospital that focuses exclusively on cancer, but because it has doctors who have a special interest in treating men with breast cancer,” Tichnor notes.

Among them are surgeon [Laura Dominici, MD, FACS](#), and oncologist [Jose Pablo Leone, MD](#), who work together treating male breast cancer patients at DF/BWCC. Both were part of Tichnor’s care team; Dominici performed his mastectomy in June 2019, and Leone oversaw his chemotherapy treatment from July through October of that year; he still sees Tichnor for his ongoing checkups and treatment.

Leone is director of DF/BWCC’s [Program for Breast Cancer in Men](#), where in addition to his clinical duties he conducts research into the genetic and other treatment of male breast cancer. He is a staunch advocate for the inclusion of more men in breast cancer clinical trials, and he has designed studies specifically for male patients. He knows these are critical steps to increasing knowledge and understanding of breast cancer as it impacts men.

“Research efforts at the Program for Breast Cancer in Men focus on many aspects of this disease, including prognosis, tumor subtypes, treatment and clinical trials,” says Leone. “We have the privilege of meeting and treating patients like Mr. Tichnor, who is a wonderful individual and a very strong advocate for men with breast cancer. It’s a joy to see him doing so well.”

Tichnor credits Leone, Dominici, and his entire DF/BWCC team for making him feel comfortable and confident during his treatment, which took place primarily in the [Susan F. Smith Center for Women’s Cancers](#). He says he never felt like the odd man out, and developed tremendous empathy for the many women who go through breast cancer.

Knowing the odds

In addition to spreading the word about male breast cancer, Tichnor has become a strong proponent for genetic testing as a way of predicting one’s increased risk for this and other cancers. He underwent screening and counseling in the [Center for Cancer Genetics and Prevention](#) at Dana-Farber, and learned he had the [BRCA2 genetic mutation](#) that heightens an individual’s chances of developing hereditary cancers — particularly breast, pancreatic, ovarian, and prostate cancers. This meant his and Karen’s three children, as well as his siblings, had a 50 percent chance of having a BRCA2 mutation. He encouraged them to all get tested as well.

Tichnor also joined the board of a non-profit organization, Oneinfifty, that raises awareness of the one-in-forty risk that Ashkenazi Jews of eastern and central European descent — including him — have of inheriting BRCA1, BRCA2, or BRCA-related gene mutations that put them at significantly higher cancer risk (the general population has a 1 in 400 risk). Working with Dana-Farber and other institutions, Oneinfifty supports families while educating the community, healthcare providers, and policy makers.

“I’m a very private person, and didn’t want to tell anybody but close friends and family about my

diagnosis at first,” says Tichnor. “Then I got to thinking about what good could come of this, and decided it was important to share my story because male breast cancer does happen — and it happened to me.”

Knowledge is power, and knowledge saves lives,” he adds. “I feel blessed and lucky that my cancer was caught early, and now I want to help other people.”

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