

# Breast Cancer Screening Helps Save Lives



Breast cancer is the most commonly diagnosed cancer and the second-leading cause of cancer death in women.<sup>1</sup> In 2021, an estimated 281,550 women and 2,650 men will be diagnosed with invasive breast cancer, and approximately 43,600 women and 530 men are expected to die from the disease.<sup>1</sup> Although incidence rates have increased slightly over the past decade, death rates from breast cancer have been consistently declining over the last three decades, largely due to increased screening rates and improved treatment.

## Screening for Breast Cancer

Mammography screening is currently considered the most effective way of reducing breast cancer mortality and increasing the odds of survival. Mammograms, developed in the 1960s, take an x-ray of breast tissue to look for abnormalities. Technology has improved greatly, enhancing imaging and exposing tissue to less radiation. It is important for women, particularly those at higher risk for the disease, to follow recommended screening guidelines to detect breast cancer at an early stage when survival rates are highest.

The American Cancer Society (ACS) recommends the following screening for average risk women:<sup>2</sup>

- Women ages 40-44 should have the choice to start annual breast cancer screening with mammograms.
- Women age 45-54 should get mammograms every year.
- Women 55+ should switch to mammograms every 2 years, or can continue yearly screening.
- Screening should continue as long as a woman is in good health and is expected to live 10 or more years.
- All women should be familiar with the known benefits, limitations, and potential harms linked to breast cancer screening. They also should know how their breasts normally look and feel and report any breast changes to a health care provider right away.

Some women – who are at high risk because of their family history, a genetic tendency, or certain other factors – should be screened with magnetic resonance imaging (MRI) along with mammograms every year, typically starting at age 30.<sup>3</sup> Women should talk with a health care provider about their risk for breast cancer and the best screening plan.

## Trends in Screening Incidence

- An estimated **63 percent** of women 45 years and older are up-to-date with mammography.<sup>4</sup> This means that **over 1 in 3 women are not getting tested as recommended.**
- Disparities in screening rates for breast cancer exist among women who are uninsured, those with less than a high school diploma, and who are of Asian or Hispanic descent or an American Indian/Alaska Native.<sup>4</sup>

**Risk Factors:** Lifestyle and genetic factors contribute to the risk of breast cancer. These factors include:

- ❖ Older age and being born female
- ❖ Weight gain after the age of 18 and/or being overweight or obese
- ❖ Physical inactivity
- ❖ Alcohol consumption
- ❖ Use of menopausal hormone therapy (combined estrogen and progesterin)
- ❖ Personal or family history of breast or ovarian cancer
- ❖ Inherited genetic variations, such as BRCA1 or BRCA2
- ❖ Certain benign breast conditions, such as atypical hyperplasia
- ❖ History of ductal or lobular carcinoma in situ
- ❖ High breast tissue density
- ❖ High-dose radiation to the chest at a young age (e.g., treatment of lymphoma)
- ❖ Menstrual periods that start early and/or end late in life
- ❖ Recent use of hormonal contraceptives
- ❖ Reproductive factors, such as never having children, having a first child after age 30, not breastfeeding, and high natural levels of sex hormones.

American Cancer Society. Cancer Facts & Figures 2021. Atlanta: American Cancer Society; 2021

## Benefits of Screening – Getting screened early can save lives

- Almost 100 percent of all individuals diagnosed with breast cancer at a local (early) stage are still alive five years later.<sup>4</sup> Unfortunately, **only 64 percent of all breast cancers are diagnosed at a local stage<sup>4</sup> – partly due to the underutilization of screening** – causing an **overall 5-year survival rate of 91 percent in women.**<sup>4</sup>
- Mammography reduces the risk of dying from breast cancer by about **20 to 40 percent** and the early detection of breast cancer by mammography leads to a greater range of less-extensive or invasive treatment options.<sup>4</sup>

## Improving Access to Screening

**National Breast and Cervical Cancer Early Detection Program (NBCCEDP)** – Created by Congress in 1990 and administered by the Centers for Disease Control and Prevention (CDC), the NBCCEDP provides low-income, uninsured, and underinsured women access to breast and cervical cancer screenings; patient navigation; case management; diagnostic services; and public education materials. The program is available in all 50 states, the District of Columbia, six U.S. territories, and 13 American Indian/Alaska Native tribes or tribal organizations. Since 1991, NBCCEDP has provided over 15.1 million screening exams to more than 5.8 million women, detecting nearly 71,107 invasive breast cancers, over 4,863 invasive cervical cancers, and over 222,091 premalignant cervical lesions.<sup>5</sup> Despite NBCCEDP's proven success, federal and state funding is inadequate and has failed to keep pace with inflation. A general decline in federal funding over the past several years, on top of widespread spending reductions at the state level, have left many women unable to receive potentially lifesaving screenings. According to most recent program data, only 15 percent of eligible women were served by the program for breast cancer screening services in 2016-2017.<sup>5</sup>

## ACS CAN's Position

Cancer prevention and early detection through screening can reduce the burden of cancer.<sup>1</sup> The CDC's Division of Cancer Prevention and Control (DCPC) provides key resources to states and communities to prevent cancer. Although we have seen declines in the cancer death rate overall, progress is slowing for cancers that are amenable to early detection through screening, such as breast cancer. Increased investment in the equitable application of existing cancer control interventions, as spear-headed by the CDC's DCPC, will accelerate our progress in the fight against cancer by reducing barriers to breast cancer screening - including the lack of health insurance, reduced availability or access to programs like the NBCCEDP, lack of knowledge about the screening test, language challenges, lack of a physician recommendation, and other issues.<sup>6</sup>

ACS CAN supports improving screening rates by:

- **Protecting and/or increasing federal and state funding** for effective cancer control efforts, like the NBCCEDP.
- Supporting policies that **require insurers to cover preventive services at low or no cost to the patient**, including breast cancer screenings. ACS CAN strongly believes all screening strategies mentioned above should be covered by insurance without cost-sharing for the patient, beginning at age 40, while allowing women the opportunity to choose when they begin screening in consultation with their health care provider.
- **Supporting evidence-based educational efforts to improve uptake** of preventive services, particularly in disparate populations.

<sup>1</sup> American Cancer Society. *Cancer Facts & Figures 2021*. Atlanta: American Cancer Society; 2021.

<sup>2</sup> Qeffering KC, Fontham ETH, Etzioni R, et al. Breast cancer screening for women at average risk: 2015 guideline update from the American Cancer Society. *JAMA*. 2015;315(15):1599-1614.

<sup>3</sup> American Cancer Society. *American Cancer Society recommendations for the early detection of breast cancer*. Updated November 17, 2020. Accessed January 2021. <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>.

<sup>4</sup> American Cancer Society. *Breast Cancer Facts & Figures 2019-2020*. Atlanta: American Cancer Society, 2019.

<sup>5</sup> Centers for Disease Control and Prevention. *National breast and cervical cancer early detection program*. Updated October 18, 2019. Accessed January 2020. <https://www.cdc.gov/cancer/nbccedp/about.htm>.

<sup>6</sup> Alexandraki I, Mooradian AD. Barriers related to mammography use for breast cancer screening among minority women. *J Natl Med Assoc*. 2010; 102(3):206-18.