

# Breast Cancer Screening Helps Save Lives



Breast cancer is the second most commonly diagnosed cancer and the second-leading cause of cancer death in women.<sup>1</sup> In 2018, an estimated 266,120 women and 2,550 men will be diagnosed with invasive breast cancer, and approximately 40,920 women and 480 men are expected to die from the disease.<sup>1</sup> The good news is that death rates from breast cancer have been consistently declining over the last three decades, largely due to increased screening rates.\*

## 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 more years or longer.
- 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 MRIs along with mammograms. (The number of women who fall into this category is very small.) Women should talk with a health care provider about their risk for breast cancer and the best screening plan.

## Trends in Screening Incidence

- Nearly **64 percent** of women 40 years and older are up-to-date with screening.<sup>3</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 education, 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:

- ❖ Being overweight or obese
- ❖ Physical inactivity
- ❖ Alcohol consumption
- ❖ Use of Menopausal Hormone Therapy (MHT) (combined estrogen and progestin)
- ❖ Personal or family history of breast or ovarian cancer
- ❖ Inherited mutations such as BRCA1, BRCA2, or atypical hyperplasia
- ❖ History of ductal or lobular carcinoma in situ
- ❖ High-dose radiation to the chest for cancer treatment (e.g., for Hodgkin lymphoma) at a young age
- ❖ High breast tissue density
- ❖ Type 2 diabetes
- ❖ Early menstrual cycle or late menopause
- ❖ Recent use of oral contraceptives
- ❖ Reproductive factors, such as never having children, having a first child after age 30, and high natural levels of sex hormones.

American Cancer Society. Cancer Facts & Figures 2018. Atlanta: American Cancer Society; 2018

\* Translating to 322,600 fewer breast cancer deaths.

## 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>5</sup> Unfortunately, **only 62 percent of all breast cancers are diagnosed at a local stage – partly due to the underutilization of screening** – causing an **overall 5-year survival rate of 90 percent in women**.<sup>1</sup>
- **Five-year survival rate for men is 83 percent** and they are more likely to be diagnosed with advanced disease because of a lack of awareness of male breast cancer risk and no available screening for male breast cancer.<sup>1</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. NBCCEDP has provided over 12.7 million screening exams to more than 5.3 million women, detecting over 63,200 breast cancers, over 4,300 cervical cancers, and nearly 200,000 premalignant cervical lesions.<sup>6</sup> Despite NBCCEDP's proven success, federal and state funding is woefully inadequate and has failed to keep pace with inflation. A general decline in federal funding over the past 5 years, on top of widespread spending reductions at the state level, have left many women unable to receive potentially lifesaving screenings. **Fewer than 1 in 10 eligible women are currently able to receive screenings through the NBCCEDP due to underfunding.**

## ACS CAN's Position

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>7</sup> - could greatly improve breast cancer screening rates, particularly for disparate populations.

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 2018. Atlanta: American Cancer Society; 2018.

<sup>2</sup> American Cancer Society. *American Cancer Society guidelines for the early detection of cancer*. Updated July 2017. Accessed March 2018.

<https://www.cancer.org/healthy/find-cancer-early/cancer-screening-guidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html>.

<sup>3</sup> American Cancer Society. *American Cancer Society guidelines for the early detection of cancer*. Updated July 2016. Accessed February 2017.

<https://www.cancer.org/healthy/find-cancer-early/cancer-screening-guidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html>.

<sup>4</sup> American Cancer Society. Cancer Prevention and Early Detection Facts & Figures 2017-2018. Atlanta: American Cancer Society; 2017.

<sup>5</sup> American Cancer Society. Cancer Facts & Figures 2018. Atlanta: American Cancer Society; 2018.

<sup>6</sup> Centers for Disease Control and Prevention. National breast and cervical cancer early detection program. Updated on September 14, 2017. Accessed March 2018.

<https://www.cdc.gov/cancer/nbccedp/about.htm>.

<sup>7</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.