Breast Cancer Screening Helps Save Lives

Breast cancer is the most commonly diagnosed cancer and the second-leading cause of cancer death in women.[i,ii] In 2024, an estimated 310,720 women and 2,790 men will be diagnosed with invasive breast cancer, and approximately 42,250 women and 530 men are expected to die from the disease.[ii] 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:[iii]

- Women ages 40-44 should have the choice to start annual breast cancer screening with mammograms.
- Women aged 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.[iv] Women should talk with a health care provider about their risk for breast cancer and the best screening plan.

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

- Older age and being born female
- Excess weight or weight gain during adulthood
- Physical inactivity
- Alcohol consumption
- Use of menopausal hormone therapy (combined estrogen and progestin)
- 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 2024. Atlanta: American Cancer Society; 2024.

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Trends in Screening Incidence

An estimated 65 percent of women 45 years and older are up to date with mammography.[v] 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 those who are of Asian or Hispanic descent or an American Indian and Alaska Native.[v]

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.[v] Unfortunately, only 64 percent of all breast cancers are diagnosed at a local stage[v] – partly due to the underutilization of screening – causing an overall 5-year survival rate of 91 percent in women.[v] 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.[v]

Benefits for Breast Cancer Patients of Increasing Access to Patient Navigation

The individualized assistance that breast cancer patients can get from patient navigation services helps overcome health care system barriers from prevention and early detection of disease to accessing necessary timely quality health and psychosocial care, especially for complex care when delaying care can be deadly, such as for cancer treatment. One study showed that women with access to patient navigation services were significantly more likely to be up to date on their mammography screening compared to women who did not receive these services, with the largest impact among African American Medicare beneficiaries living in urban areas who were previously not up to date on their breast cancer screenings.[vi]

Patient navigators can also help reduce patient barriers to breast cancer screening – including helping patients access health insurance, educating patients about breast cancer screening tests, ensuring follow-up tests are completed and assisting patients with navigating the health care system. However, due to a lack of long-term funding to pay for patient navigation, these services are absent or limited in many different health care settings.

Breast Cancer Screening for Lower Income Women – the 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 15.4 million screening exams to more than 5.9 million women, detecting over 73,000 invasive breast cancers, nearly 5,000 invasive cervical cancers, and over 229,000 premalignant cervical lesions.[vii] Despite NBCCEDP's proven success, federal and state funding is inadequate

and has failed to keep pace with inflation, leaving many women unable to receive potentially lifesaving screenings. According to most recent program data, among those eligible for the program, less than 1 in 10 received cervical cancer screenings (2015-2017) and less than 2 in 10 received breast cancer screenings (2016-2017).[viii]

Costs and Insurance Coverage

Patient cost sharing is a known barrier to getting screened and can result in delays in follow-up testing and treatment which can impact survival. Federal law requires all Affordable Care Act (ACA)-compliant private insurance plans to cover recommended breast cancer screening services starting at age 40 without cost sharing, thereby making it easier for individuals– especially individuals with limited incomes – to access these important services. This provision of the federal law has increased access and utilization of these life-saving services.

Unfortunately, there are still instances where a patient may be charged cost sharing, such as when initial breast cancer screening requires additional follow-on testing to determine whether an individual has cancer, or if dense breast tissue requires additional imaging. These supplemental and follow-up tests are integral to the screening process to determine whether an individual has cancer and therefore should be provided with no patient cost-sharing, regardless of their risk status.[ix]

ACS CAN's Position

ACS CAN supports improving breast cancer screening rates by:

- protecting and/or increasing federal and state funding for the NBCCEDP and other effective cancer control efforts;
- eliminating cost sharing by all payers for recommended breast cancer screening and follow-up testing for asymptomatic individuals, regardless of risk;
- supporting policies to increase the reach of patient navigation services, including facilitating breast cancer screening, by ensuring that these services can be paid for over the long term;
- supporting evidence-based educational efforts to improve uptake of preventive services, particularly among in disparate populations; and
- ensuring that everyone has access to affordable comprehensive health insurance coverage.

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[i] Throughout this document *women* refers to individuals assigned female at birth. However, the NBCCEDP program also provides screening and treatment services to eligible transgender individuals.

[ii] American Cancer Society. *Cancer Facts & Figures 2024*. Atlanta: American Cancer Society; 2024.

[iii] Oeffinger 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.

[iv] American Cancer Society. *American Cancer Society Recommendations for the Early Detection of Breast Cancer*. Updated December 19, 2023. Accessed January 30, 2024 at https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html.

[v] American Cancer Society. *Breast Cancer Facts & Figures 2019-2020*. Atlanta: American Cancer Society, 2019.

[vi] Marshall, J.K., Mbah, O.M., Ford, J.G. et al. (2016) "Effect of Patient Navigation on Breast Cancer Screening Among African American Medicare Beneficiaries: A Randomized Controlled Trial". Journal of General Internal Medicine, 31, p. 68–76. https://doi.org/10.1007/s11606-015-3484-2.

[vii] Centers for Disease Control and Prevention. *National breast and cervical cancer early detection program*. Updated February 15, 2021. Accessed February 17, 2022. https://www.cdc.gov/cancer/nbccedp/about.htm.

[viii] Ibid.

[ix] American Cancer Society Position Statement on the Elimination of Patient Cost-Sharing Associated with Cancer Screening and Follow-up Testing, available at https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/overview/acs-position-on-cost-sharing-for-screening-and-follow-up.html.