

Just the Facts: Breast Cancer Disparities

Breast cancer is the most common cancer diagnosed in women in the U.S. Although there has been substantial progress in reducing breast cancer mortality in the US over the past several decades, there are persistent disparities, especially among Black women. Additionally, breast cancer incidence is increasing, with the steepest trends among young women under 50. In 2025, an estimated 316,950 women in the U.S. will be diagnosed with invasive breast cancer with an additional 59,080 cases of ductal carcinoma in situ (DCIS) in women, and 42,680 will die from the disease.

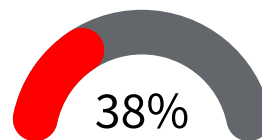
Incidence and Stage Distribution

- Between 2012-2021, **breast cancer incidence rates increased among all racial and ethnic groups**, with Asian and Pacific Islander (2.6% per year) and Hispanic women (1.6% per year) outpacing American Indian/Alaska Native, White and Black women (about 1% per year).
- Two-thirds of breast cancer patients in the U.S. are diagnosed with localized-stage disease, when treatment is more likely to be successful and less expensive. Yet **Black women and American Indian/Alaska Native women are more often diagnosed at later or more advanced stages**, which contributes to the disproportionate mortality burden in these groups.

In 2025, 1 in 8 women (13%) in the US will be diagnosed with invasive breast cancer

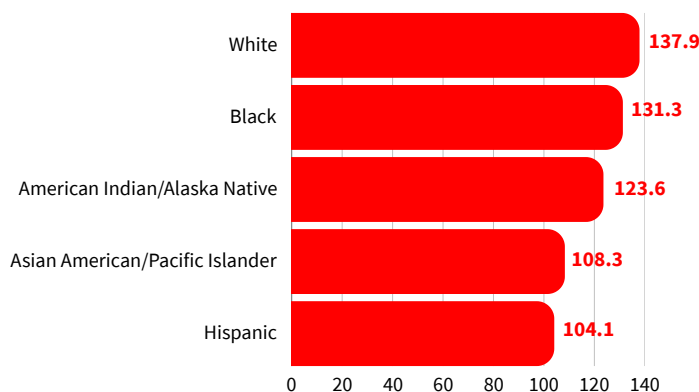


1 in 43 women (2.3%) will die from the disease

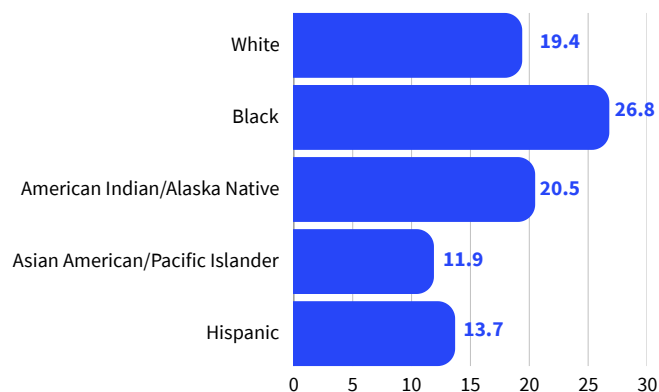


Black women have a **5% lower breast cancer incidence rate** than White women, but a **38% higher mortality rate**

Breast Cancer Incidence Rates by Race and Ethnicity, US (2017-21)



Breast Cancer Death Rates by Race and Ethnicity, US (2018-22)



Survival Rates

- The 5-year relative **survival rate is 99%** for disease diagnosed at a localized stage, when treatment is typically more effective and less extensive, it drops to 32% for cancers that have spread to other parts of the body.
- Black women have the lowest survival rates** for every subset and stage of diagnosis, except localized stage, largely reflecting differences in access to high-quality treatment.
- Survival rates are likely overestimated for Hispanic Asian American/Pacific Islander** populations due to a higher prevalence of foreign-born individuals who may return home after diagnosis and be lost to vital status follow-up.



Breast cancer incidence and mortality vary across **states** due to differences in **prevalence of risk factors, screening, and receipt and quality of treatment.**



Black women have statistically significantly higher breast cancer mortality than White Women in every state except Colorado, New Mexico, Oregon, Rhode Island, Washington, and West Virginia, where rates are similar.



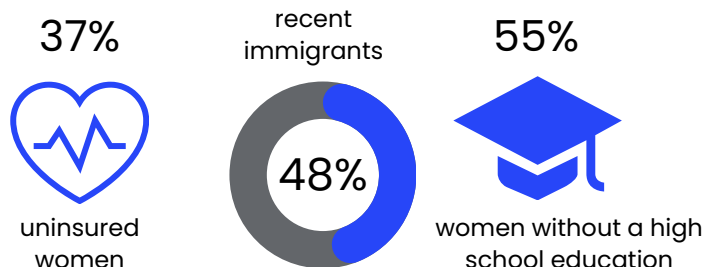
Hispanic women have lower breast cancer death rates than White women in every state except Hawaii, Mississippi, Montana, New Hampshire, Wisconsin, and the District of Columbia.

Trends in Breast Cancer Screening

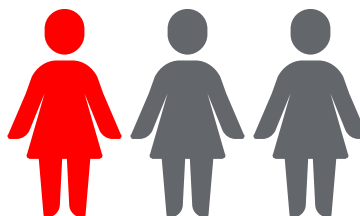
In 2024, the United States Preventive Services Task Force revised their breast cancer screening recommendations to biennial mammography beginning at age 40 years, which more closely aligns with American Cancer Society recommendations.

- Screening rates were lower among American Indian and Alaska Native (51%) and Asian (62%) women** than Hispanic/Latina (65%), White (68%), and Black (73%) women ages 40 years and older.
- Although **Black women** appear to have the highest screening prevalence, studies suggest that they **are less likely to have high-quality screening and timely follow-up** of abnormal results, and may also be more likely to over-report screening.

In 2021, screening rates were lowest among:



In 2021, 1 out of 3 women (33%)



ages 40 years and older were not up to date with recommended breast cancer screening.

ACS CAN's Position

ACS CAN believes everyone should have the opportunity to prevent, detect, treat, and survive cancer. No one should be disadvantaged in their fight against cancer because of income, race, gender identity, sexual orientation, disability status, or where they live. That is why ACS CAN advocates for policies to reduce disparities in breast cancer by improving access to prevention and early detection services, patient navigation services, and insurance coverage and in-network facilities. These policies include:



Increasing access to screenings through increased funding for lifesaving cancer screening programs, including the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).



Increasing access to follow-on screening tests by ensuring that these tests are covered without cost sharing.



Access to patient navigation services to improve patient outcomes from screening through treatment.



Increasing access to health insurance coverage and provider networks by making sure that insurance plan networks are adequate to ensure reasonable access to breast cancer screening and care.



Increasing access to health insurance by expanding Medicaid in the 10 remaining states that have not done so.

For more information on ACS CAN's advocacy work around prevention and early detection, please visit <https://www.fightcancer.org/policy-resources/prevention-and-early-detection/screening>.

Just the Facts: Breast Cancer Disparities data is from the American Cancer Society. Breast Cancer Facts & Figures 2024-2025. Atlanta: American Cancer Society, Inc. 2024.