

## Just the Facts: Breast Cancer Disparities

Approximately 1 in 8 women<sup>i</sup> (13%) will be diagnosed with invasive breast cancer in her lifetime, and 1 in 39 women (3%) will die from breast cancer.<sup>ii</sup> In 2023, an estimated 297,790 women in the U.S. will be diagnosed with invasive breast cancer, and 43,170 will die from the disease.<sup>iii</sup> Despite the fact that U.S. breast cancer death rates have been declining for several decades, not all people have benefited equally from the advances in prevention, early detection, and treatments that have helped achieve these lower rates. Breast cancer disparities include the following:

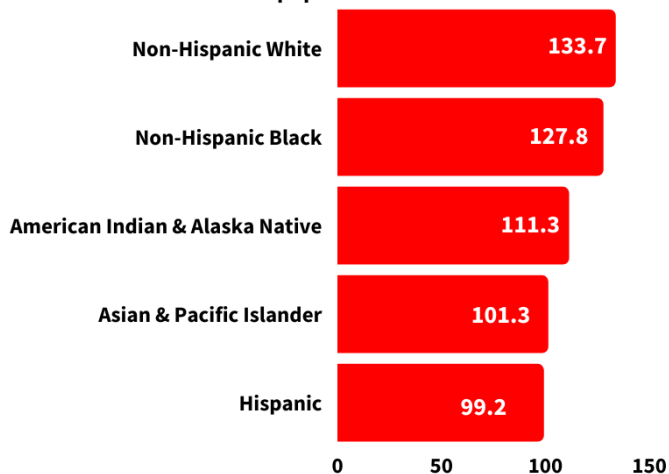
### Incidence and Stage Distribution

- Non-Hispanic White women have the highest incidence of breast cancer, except for women ages 20 to 39, among whom the highest breast cancer incidence is among Non-Hispanic Black women.
- Between 2015-2019, breast cancer incidence rates increased among all racial and ethnic groups, with Asian and Pacific Islander (2.1% per year), American Indian and Alaska Native (2.0% per year), and Hispanic women (1.4% per year) outpacing White (0.5% per year) and Non-Hispanic Black (0.7% per year) women.
- The medium age of breast cancer diagnosis is younger for Hispanic, American Indian, Alaskan Native and Non-Hispanic Black women – all populations with higher mortality rates.
- 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 Non-Hispanic Black, Asian and Pacific Islander, and Hispanic women are more often diagnosed at later or more advanced stages for

#### Breast Cancer Incidence Rates

2015–2019, by race and ethnicity

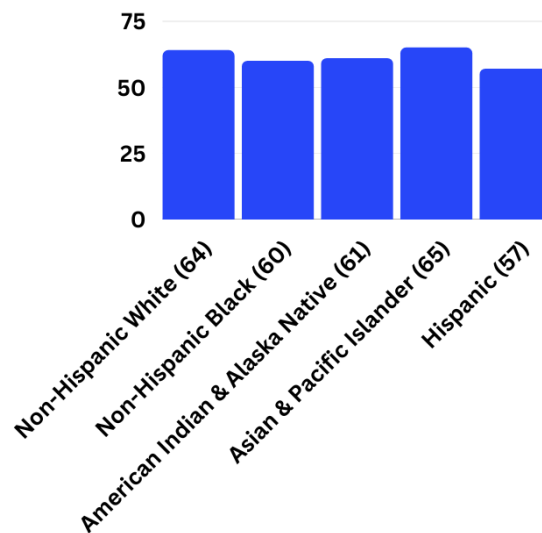
Average annual rate per 100,000, age adjusted to the 2000 U.S. standard population.



Data sources: North American Association of Central Cancer Registries (NAACCR), 2022. Accessed at <https://cancerstatisticscenter.cancer.org/#!/cancer-site/Breast>

#### Medium Age of Breast Cancer Diagnosis

2015–2019, by race and ethnicity



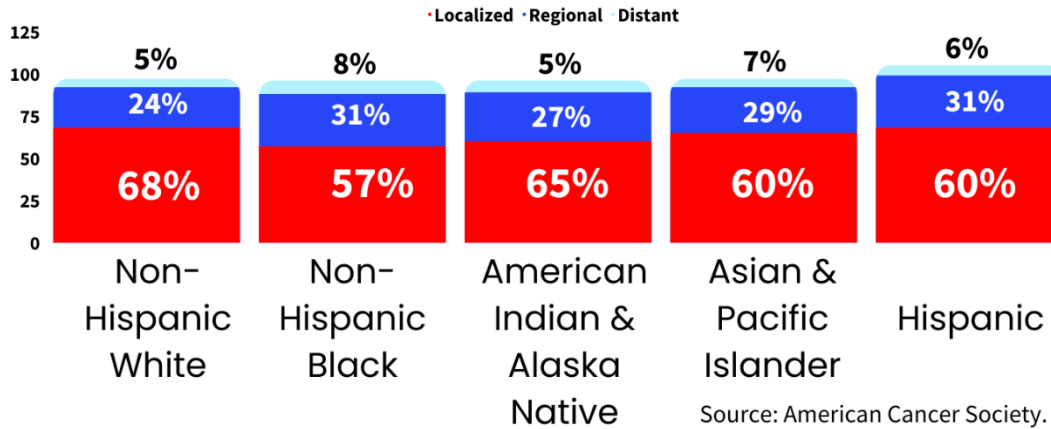
American Cancer Society. *Breast Cancer Facts & Figures 2022-2024*. Atlanta: American Cancer Society, Inc. 2022.

breast cancer. Later stage at diagnosis reflects inequities in access to high quality screening<sup>iv</sup> in addition to differences in the risk of more aggressive forms of breast cancer.<sup>ii</sup>

- Five-year breast cancer survival in Hispanic women is slightly lower than that in non-Hispanic White women, 88% versus 92% partly reflecting the higher proportion of Hispanic women diagnosed with later-stage disease.<sup>v</sup>

## Breast Cancer Stage Distribution

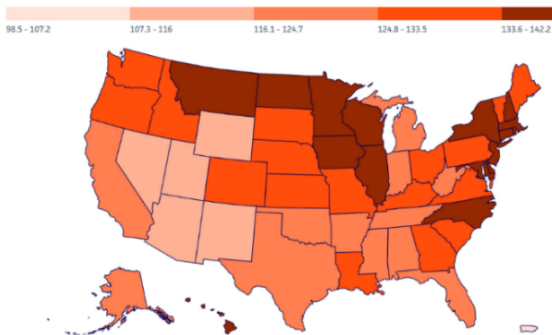
2015–2019, by Race/Ethnicity, Ages 20 and Older in the U.S.



## Geography

- Geographic disparities also exist among breast cancer incidence and mortality. The maps below show higher breast cancer incidence rates in the Pacific Northwest, most of the Midwest and Northeast and parts of the South. Breast cancer mortality rates are higher in the states of Oklahoma, Louisiana, and Mississippi, as well as other parts of the South and Nevada.
- Women living in rural areas are more likely to be diagnosed with late-stage breast cancer, highlighting the need for targeted mammography, elimination of out-of-pocket costs for screening and follow-up tests, and effective breast cancer treatment interventions for rural women.<sup>vi</sup>

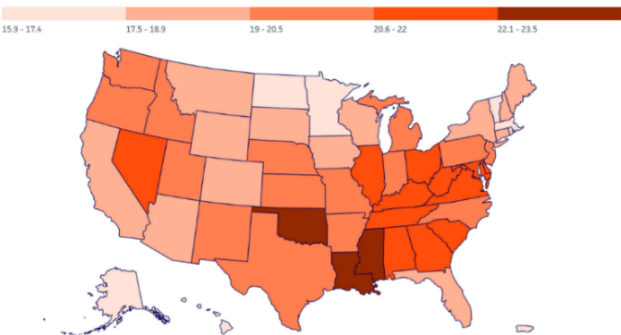
Incidence rates, 2015-2019  
by state, for breast (female)



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Average annual rate per 100,000, age adjusted to the 2000 US standard population.  
Data sources: North American Association of Central Cancer Registries (NAACCR), 2022.  
Accessed at <https://cancerstatisticscenter.cancer.org/#/cancer-site/Breast>

Death rates, 2016-2020  
by state, for breast (female)



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Average annual rate per 100,000, age adjusted to the 2000 US standard population.  
Data sources: National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, 2022. Accessed at <https://cancerstatisticscenter.cancer.org/#/cancer-site/Breast>

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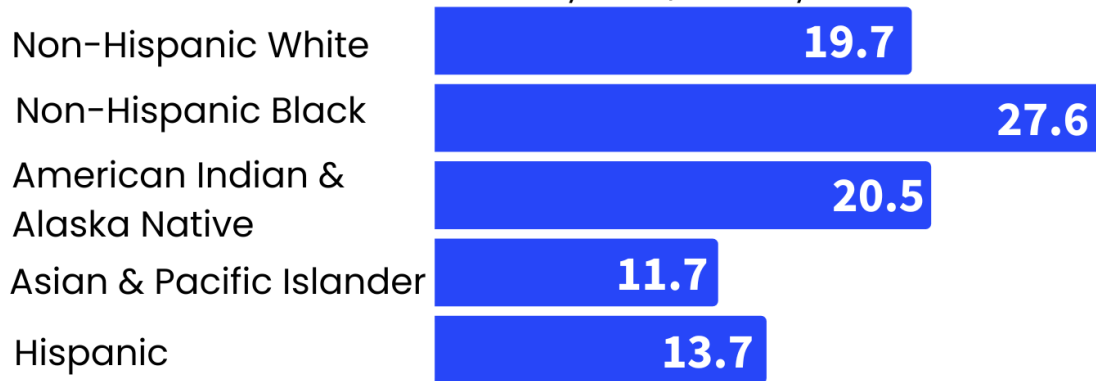
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## Mortality

- Despite lower incidence, breast cancer is the leading cause of cancer death in the U.S for Non-Hispanic Black and Hispanic women.<sup>vii</sup>
- Non-Hispanic Black women have a 40% higher mortality rate than white women and a rate almost 2.5 times higher than Asian and Pacific Islander women, who have the lowest mortality rates.<sup>ii</sup>
- Non-Hispanic Black women have the worse survival across all stages and all breast cancer subtypes compared to women of other racial/ethnic groups. Importantly, survival rates may be underestimated for Asian and Pacific Islander and Hispanic women, who are more likely to be foreign-born, and thus have less complete follow-up information in cancer registry data.<sup>viii,ix</sup>
- Breast cancer is the second leading cause of cancer death among Asian and Pacific Islander and American Indian and Alaska Native women.<sup>vi</sup>

## Breast Cancer Death Rates

2016–2020, by Race/Ethnicity

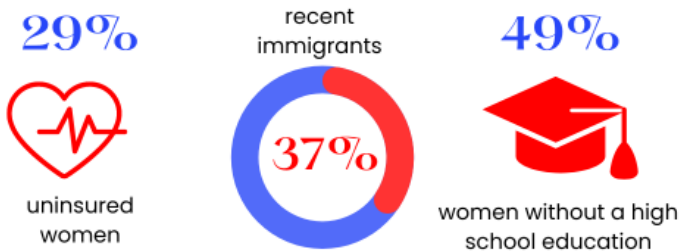


Average annual rate per 100,000, age adjusted to the 2000 US standard population. Data sources: National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, 2022. Accessed at <https://cancerstatisticscenter.cancer.org/#!/cancer-site/Breast>. Source: American Cancer Society. *Breast Cancer Facts & Figures 2022-2024*.

## Trends in Breast Cancer Screening

Screening rates were lower among American Indian and Alaska Native (47%) and Asian (56%) women than Non-Hispanic Black (69%), Non-Hispanic White (65%), and Hispanic (60%) women ages 45 years and older.<sup>viii</sup>

In 2021, screening rates were the lowest among:



Source: American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2023-2024*.

In 2021, nearly 3 in 8 women (36%)



ages 45 years and older were not up to date with recommended breast cancer screening.

Source: American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2023-2024*.

Although cancer registries do not collect information on sexual orientation, research suggests lesbian and bisexual women may have an increased risk of breast cancer compared to heterosexual women.<sup>x,xi</sup>

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## 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>.

<sup>i</sup> Throughout this document *women* refers to individuals assigned female at birth.

<sup>ii</sup> American Cancer Society. *Breast Cancer Facts & Figures 2022-2024*. Atlanta: American Cancer Society, Inc. 2022.

<sup>iii</sup> American Cancer Society. *Cancer Facts & Figures 2023*. Atlanta: American Cancer Society; 2023.

<sup>iv</sup> Warnecke RB, Campbell RT, Vijayasiri G, Barrett RE, Rauscher GH. Multilevel Examination of Health Disparity: The Role of Policy Implementation in Neighborhood Context, in Patient Resources, and in Healthcare Facilities on Later Stage of Breast Cancer Diagnosis. *Cancer Epidemiol Biomarkers Prev*. 2019;28:59-66.

<sup>v</sup> American Cancer Society. *Cancer Facts & Figures for Hispanic/Latino People 2021-2023*. Atlanta: American Cancer Society, Inc. 2021.

<sup>vi</sup> LeBlanc G, Lee I, Carretta H, Luo Y, Sinha D, Rust G (2022) Rural-urban differences in breast cancer stage at diagnosis, *Women's Health Report* 3:1, 207-214, DOI: 10.1089/whr.2021.0082.

<sup>vii</sup> American Cancer Society. *Breast Cancer Facts & Figures 2022-2024*. Atlanta: American Cancer Society, Inc. 2022.

<sup>viii</sup> Loo LWM, Williams M, Hernandez BY. The high and heterogeneous burden of breast cancer in Hawaii: A unique multiethnic U.S. Population. *Cancer Epidemiol*. 2019;58:71-76.

<sup>ix</sup> Pinheiro PS, Morris CR, Liu L, Bungum TJ, Altekruze SF. The impact of follow-up type and missed deaths on population-based cancer survival studies for Hispanics and Asians. *J Natl Cancer Inst Monogr*. 2014;2014:210-217.

<sup>x</sup> American Cancer Society (ACS), *Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) People and Cancer Fact Sheet*, published 2022, accessed on February 24, 2022, retrieved from <https://www.cancer.org/content/dam/cancer-org/cancer-control/en/booklets-flyers/lgbtq-people-with-cancer-fact-sheet.pdf>.

<sup>xi</sup> Jason Domogauer, Tal Cantor, Gwendolyn Quinn, Marina Stasenko, Disparities in cancer screenings for sexual and gender minorities, *Current Problems in Cancer*, Volume 46, Issue 5, 2022, 100858, ISSN 0147-0272, <https://doi.org/10.1016/j.currprobcancer.2022.100858>.

<sup>xii</sup> Oeffinger KC, Fontham ET, Etzioni R, et al. Breast Cancer Screening for Women at Average Risk: 2015 Guideline Update From the American Cancer Society. *JAMA*. 2015;314:1599-1614.