Just the Facts: Breast Cancer Disparities

Approximately 1 in 8 women\(^1\) (13%) will be diagnosed with invasive breast cancer in her lifetime, and 1 in 39 women (3%) will die from breast cancer.\(^2\) 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.\(^3\) 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. Later stage at diagnosis reflects inequities in access to high quality screening in addition to differences in the risk of more aggressive forms of breast cancer.\(^\text{iv}\)

- 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.\(^\text{v}\)

### Breast Cancer Stage Distribution

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

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Localized</th>
<th>Regional</th>
<th>Distant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>24%</td>
<td>31%</td>
<td>45%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>57%</td>
<td>28%</td>
<td>15%</td>
</tr>
<tr>
<td>American Indian &amp; Alaska</td>
<td>65%</td>
<td>27%</td>
<td>6%</td>
</tr>
<tr>
<td>Asian &amp; Pacific Islander</td>
<td>60%</td>
<td>29%</td>
<td>7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>60%</td>
<td>31%</td>
<td>7%</td>
</tr>
</tbody>
</table>


### 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.\(^\text{vi}\)
Mortality

- Despite lower incidence, breast cancer is the leading cause of cancer death in the U.S for Non-Hispanic Black and Hispanic women.\(^{\text{viii}}\)
- 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.\(^{\text{ii}}\)
- 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.\(^{\text{viii, ix}}\)
- Breast cancer is the second leading cause of cancer death among Asian and Pacific Islander and American Indian and Alaska Native women.\(^{\text{vi}}\)

### Breast Cancer Death Rates

**2016-2020, by Race/Ethnicity**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>19.7</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>27.6</td>
</tr>
<tr>
<td>American Indian &amp; Alaska Native</td>
<td>20.5</td>
</tr>
<tr>
<td>Asian &amp; Pacific Islander</td>
<td>11.7</td>
</tr>
<tr>
<td>Hispanic</td>
<td>13.7</td>
</tr>
</tbody>
</table>


### 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.\(^{\text{viii}}\)

In 2021, screening rates were the lowest among:

- **29%** uninsured women
- **37%** women without a high school education
- **49%** recent immigrants

In 2021, nearly 3 in 8 women (36%) ages 45 years and older were not up to date with recommended breast cancer screening.

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.\(^{\text{x, xi}}\)

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Updated 10.06.23
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.