



Breast Cancer Facts & Figures

The National Breast Cancer Coalition (NBCC) is a grassroots organization dedicated to ending breast cancer through action and advocacy. NBCC members are committed to reaching this goal by 2020. Following are a few statistics that speak to the need to end this deadly disease:

- ⇒ The National Cancer Institute estimates that a woman in the United States has a 1 in 8 chance of developing invasive breast cancer during her lifetime. This risk was about 1 in 11 in 1975 (ACS, 2011-2012).
- ⇒ On January 1, 2008, in the United States there were approximately 2,632,005 women alive who had a history of breast cancer (SEER, 2011).
- ⇒ Breast cancer is the second leading cause of cancer death for women in the United States, after lung cancer. Approximately 39,510 women and 410 men in the U.S. will die from the disease in 2012 (ACS, 2012).
- ⇒ Excluding skin cancer, breast cancer is the most commonly diagnosed cancer among women in the United States. It is estimated that 226,870 new cases of invasive breast cancer will be diagnosed among women in the U.S. in 2012. In addition to invasive cancers, 63,300 new cases of in situ breast cancer will be diagnosed; approximately 53,805 of which will be ductal carcinoma in situ (DCIS). Approximately 2,190 new cases of invasive breast cancer will be diagnosed among U.S. men (ACS, 2012).
- ⇒ The incidence of breast cancer declined from 1999 to 2003, with the greatest decline among white women. Incidence rates have remained relatively stable since 2003 (SEER, 2011).
- ⇒ According to the SEER data from 2001-2007, approximately 90% of women diagnosed with invasive breast cancer were still living five years after getting the disease; among black women, approximately 77% were still living five years after getting the disease (SEER, 2011).
- ⇒ Older women are much more likely to get breast cancer than younger women. From 2004-2008, the median age for a breast cancer diagnosis was 61 years of age. Approximately 0.0% were diagnosed under age 20; 1.9% between 20 and 34; 10.2%

- between 35 and 44; 22.6% between 45 and 54; 24.4% between 55 and 64; 19.7% between 65 and 74; 15.5% between 75 and 84; and 5.6% 85+ years of age. (SEER, 2011).
- ⇒ Combining all age groups, white (non-Hispanic) women are more likely to develop breast cancer than black women. However, black women are more likely to die of breast cancer than white women (ACS, 2011-2012).
 - ⇒ Between 1990 and 2007, the mortality rate for women of all races combined declined by 2.2% annually (ACS, 2011-2012).
 - ⇒ Mortality has declined faster for women under the age of 50 (by 3.1% annually from 2004-2008), regardless of race/ethnicity (ACS, 2012).
 - ⇒ The current methods of treatment in use in the United States are surgery (mastectomy and lumpectomy), radiation, chemotherapy, hormonal therapy and targeted therapy (ACS, 2012).
 - ⇒ Mammography screening does not prevent or cure breast cancer. It may detect the disease before symptoms occur. It may also lead to over diagnosis and over treatment (Nelson et al, 2009).
 - ⇒ Mammography screening has led to a dramatic increase in the incidence of ductal carcinoma in situ (DCIS). The diagnosis was relatively rare before the early 1980's and the widespread use of mammography. Today, approximately one woman is diagnosed with DCIS for every four women diagnosed with invasive breast cancer (Allegra et al, 2010).
 - ⇒ All women are at risk for breast cancer. Only 5-10% of those with breast cancer have inherited a mutation in the known breast cancer genes (*BRCA1* and *BRCA2*) and 90-95% of breast cancer cases do not involve these inherited mutations. (ACS 2012; NCI 2006).
 - ⇒ Factors that increase a woman's risk of breast cancer include older age, genetic factors, family history of breast or ovarian cancer, long menstrual history, nulliparity (having no children), older than 30 years of age at first full-term pregnancy, daily alcohol consumption, use of combined postmenopausal hormone replacement therapy (HRT), postmenopausal obesity and ionizing radiation. Factors that decrease a woman's risk of breast cancer include breast-feeding and physical activity (exercise) (ACS, 2012).
 - ⇒ There is some new data to suggest that these risk factors have less influence among Hispanic women. According to results of the 4-Corners Breast Cancer Study, Hispanic women with breast cancer were more likely than white women with breast cancer to have characteristics associated with a lower risk of breast cancer, such as younger age at first birth, having more children, less hormone use, and less alcohol consumption (Hines et al, 2010).
 - ⇒ Higher breast density has been shown to be associated with the risk of breast cancer. It was found that the rate of breast cancer was almost four times greater in those with extremely dense breast tissue as opposed to those with fatty breast tissue. It is important to remember that since mammography is less sensitive in detecting breast cancer for

dense breasts, the effect of breast density may be somewhat underestimated (Barlow et al, 2006).

- ⇒ Studies on chemo preventive agents tamoxifen and raloxifene were not adequately designed to determine their impact on the prevention of breast cancer for healthy women, nor are the studies long enough to assess long term side effects and impact on mortality (Vogel et al, 2010).

References

American Cancer Society. Cancer Facts & Figures 2012. Atlanta: American Cancer Society, Inc.

American Cancer Society. Breast Cancer Facts & Figures 2011-2012. Atlanta: American Cancer Society, Inc.

Allegra CJ, Aberle DR, Ganschow P et al. National Institutes of Health State-of-the-science conference statement: Diagnosis and management of ductal carcinoma in situ September 22-24 2009. JNCI 2010; 102:161-169.

Howlader N, Noone AM, Krapcho M, Neyman N, Aminou R, Waldron W, Altekruse SF, Kosary CL, Ruhl J, Tatalovich Z, Cho H, Mariotto A, Eisner MP, Lewis DR, Chen HS, Feuer EJ, Cronin KA, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2008, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2008/, based on November 2010 SEER data submission, posted to the SEER web site, 2011.

Altekruse SF, Kosary CL, Krapcho M, Neyman N, Aminou R, Waldron W, Ruhl J, Howlader N, Tatalovich Z, Cho H, Mariotto A, Eisner MP, Lewis DR, Cronin K, Chen HS, Feuer EJ, Stinchcomb DG, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2007, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2007/, based on November 2009 SEER data submission, posted to the SEER web site, 2010.

Hines LM, Risendal B, Slattery ML et al. Comparative analysis of breast cancer risk factors among hispanic and non-hispanic white women. Cancer 2010; DOI: 10.1002/cncr.25154

National Cancer Institute. Probability of breast cancer in American women. Updated October 2006. Fact Sheet 5.6

Nelson HD, Tyne K, Naik A et al. Screening for breast cancer: an update for the US Preventive Services Task Force, Ann Intern Med 2009; 151:727-37.

Vogel VG, Constantine JP, Wickerham L et al. Update of the National Surgical Adjuvant Breast and Bowel Project Study of Tamoxifen and Raloxifene (STAR) P-2 trial: Preventing breast cancer. Cancer Prev Res 2010; 3:OF1-11.