Breast Cancer Overview

Breast cancer is the second leading cause of cancer death in women, after lung cancer. The American Cancer Society (ACS) estimates that more than 182,000 women and about 1,900 men in the United States will be diagnosed with breast cancer in 2008. More than 40,000 people will die from the disease.

Currently there are more than two million women living in the U.S. have a history of breast cancer.

Breast Cancer Incidence and Mortality
The chance of a woman having invasive breast cancer during her life is roughly 1-in-8; the chance of a man getting the disease is roughly 1-in-1000. Breast cancer incidence rates showed a rapid increase in the 1980s, although the rate of increase slowed in the 1990s. From 2001 to 2004, incidence rates decreased after hormone replacement therapy was scientifically linked to higher breast cancer risk.

Death rates from breast cancer continue to decline, with larger decreases in women age 50 and younger. These decreases are believed to be the result of earlier detection through screening and increased awareness, as well as improved treatment. Currently, the chance that a woman in the United States will die from breast cancer is approximately 1-in-35; among men, risk of death from breast cancer is about 0.3 in 100,000.

5-Year Survival Rates, 1996-2003			
All Stages	**Local**	**Regional**	**Distant**
88.6%	98.0%	83.5%	26.7%

Risk Factors
Research has identified several risk factors for breast cancer, including age, race, family history, and obesity:

- *Gender* **–** Being a woman is a key risk for breast cancer. While men also get the disease, it is approximately 100 times more common in women.
- *Age* – Nearly 8 of 10 breast cancers are found in women age 50 or older.
- *Race* – Among women 40 and under, white women are at higher risk of breast cancer than black women; the trend reverses in women older than 40. Black women are more likely to die from breast cancer at any age.
- *Hormone replacement therapy use* – Long-term use of combined hormone replacement therapy (estrogens together with progesterone) after menopause increases the risk of breast cancer as well as the risk of heart disease, blood clots and strokes.
- *Family history* – Breast cancer risk is higher among people whose close blood relatives have had it.

- *Genetic risk factors* **–** About 5 to 10 percent of breast cancers are linked to certain gene mutations, the most common of which are of the *BRCA1* and *BRCA2* genes. People with these gene changes have up to an 80 percent chance of developing breast cancer during their lifetimes.
- *Obesity* – Obesity is linked to a higher risk of breast cancer, especially among post-menopausal women and among those whose weight gain took place during adulthood. Carrying excess fat in the waist, versus the same amount of fat around the hips and thighs, may also increase cancer risk.
- *Personal history of breast cancer* – People with cancer in one breast have a greater chance of developing a new cancer in the other breast or in another part of the same breast.
- *Not having children* – Women who have not had children, or who had their first child after age 30, have a slightly higher risk of breast cancer.

Screening Recommendations

The American Cancer Society makes the following recommendations for breast cancer screening:

- Women 40 and older should have a mammogram every year and should continue to do so for as long as they are in good health.
- Women in their 20s and 30s should have a clinical breast examination (CBE) as part of a regular exam by a health expert, preferably every three years. After age 40, women should have a CBE by a health expert each year.
- Breast self-examinations (BSE) are an option for women starting in their 20s, but women should understand its benefits and limitations. Any changes in the look or feel of breasts should be reported to a health care professional right away.
- Women with a higher risk of breast cancer should discuss screening options with their doctors:
    - Women at high risk (greater than 20 percent lifetime risk) should get an MRI and a mammogram every year.
    - Women at moderately increased risk (15 to 20 percent lifetime risk) should talk with their doctors about the benefits and limitations of adding MRI screening to their yearly mammogram.
    - Yearly MRI screening is not recommended for women whose lifetime risk of breast cancer is less than 15 percent.
- Because breast cancer is so uncommon in men, there is no value in screening mammography for most men. However, mammography along with careful examination may be useful for men with a strong family history and BRCA mutations found by genetic testing.

References

American Cancer Society. *Cancer Facts & Figures 2008*. Atlanta, GA; American Cancer Society: 2008.

American Cancer Society. *Breast Cancer Facts & Figures 2007-2008*. Atlanta, GA; American Cancer Society: 2007.