

Breast Cancer Symposium 2011

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SAN FRANCISCO MARRIOTT MARQUIS
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Breast Cancer Fact Sheet

Diagnosis

In the United States, breast cancer is the most common cancer diagnosed in women (excluding skin cancer). This year, the American Cancer Society (ACS) estimates that 230,480 women will be diagnosed with invasive breast cancer, and 57,650 cases of in situ breast cancer will occur. In addition, an estimated 2,140 men will be diagnosed with breast cancer this year. The incidence of breast cancer in women has been decreasing since 2000. It decreased by about 7% between 2002 and 2003, which was likely due to fewer women using menopausal hormone therapy. Learn about [how breast cancer is diagnosed](#).

For more oncologist-approved information about breast cancer, visit Cancer.Net, ASCO's patient information website, at www.cancer.net/breast.

Survival

Currently, there are more than two and a half million women living in the United States who have been diagnosed with and treated for breast cancer.

5-Year Breast Cancer Survival Rates, 1999-2006 (women)			
All Stages	Local	Regional	Distant
89%	98%	84%	23%

Mortality

Breast cancer is the second leading cause of cancer death in women. The ACS estimates that 39,970 deaths (39,520 women, 450 men) from breast cancer will occur this year. Since 1990, the number of women who have died of breast cancer has declined steadily each year. In women younger than 50, there has been a decrease of around 3% per year; in women age 50 and older, the decrease has been 2% per year.

Risk Factors

Many women who develop breast cancer have no obvious risk factors. However, research has shown that the following factors may increase a women's risk of breast cancer:

- Older age (above 50)
- Family or personal history of breast cancer or ovarian cancer
- Genetics, such as *BRCA* gene mutations
- Estrogen and progesterone exposure
- Menopausal hormone therapy use
- Race
- Lifestyle factors, such as obesity, lack of exercise, and alcohol use

Learn more about these [risk factors for breast cancer](#).

Prevention

No intervention is 100% guaranteed to prevent breast cancer. However, women have several options to reduce the risk of developing breast cancer.

- Women with especially strong family histories of breast cancer (such as those with *BRCA* gene mutations) may consider a prophylactic mastectomy, which may reduce the risk of developing breast cancer by at least 95%.
- Women with a higher risk of developing breast cancer may consider chemoprevention with either tamoxifen (Nolvadex) or raloxifene (Evista). Read about [drugs to reduce breast cancer risk](#).
- Getting regular physical activity, staying at a normal weight, and limiting alcohol may also help reduce the risk of developing breast cancer. Learn more about [lifestyle changes to reduce the risk of cancer](#).

Screening

[Mammography](#) is the best tool doctors have to screen otherwise healthy women for breast cancer, as it has been shown to lower deaths from breast cancer. The U.S. Preventive Services Task Force (USPSTF) and the ACS differ on their recommendations for breast cancer screening.

Mammography

- ACS recommendation: Women 40 and older should have one every year after a clinical breast examination (see below).
- USPSTF recommendation: Women 50 to 74 years old should have one every two years. There is not enough evidence to assess the additional harms and benefits of mammography for women 75 and older.

Clinical breast examination

- ACS recommendation: Women 20 to 40 years old should have one at least every three years. Women 40 and older should have one every year.
- USPSTF recommendation: The current evidence is insufficient to assess the additional benefits and harms of clinical breast examination beyond screening mammography in women 40 years or older.

Breast self-examination

- ACS recommendation: Women 20 and older should be told about the benefits and limitations of this examination and the importance of talking with the doctor about any breast changes. This examination is considered "optional." However, if a woman chooses to perform breast self-examinations, she should have her doctor review her method at periodic check-ups.
- USPSTF recommendation: Recommends against teaching breast self-examination.

From ASCO's perspective, the critical message is that all women – beginning at age 40 – should speak with their doctors about mammography to understand the benefits and potential risks, and determine what is best for them. Learn more about [ASCO's perspective on mammography screening for breast cancer](#).

Source: *Cancer Facts & Figures 2011*. Atlanta, GA; American Cancer Society: 2011.