In 2016, an estimated 246,660 women will be diagnosed with breast cancer and 40,450 will lose their lives. Over the last 30 years, death rates have consistently declined due to increased screening rates. For breast cancer diagnosed at an early stage, the 5-year survival rate is 99 percent. Unfortunately, only 61 percent of breast cancers are diagnosed at an early stage. For cancer diagnosed at a later stage, the 5-year survival rate drops to only 25 percent.

**Risk Factors for Breast Cancer**

There are several factors that increase a woman’s risk for breast cancer. Some of these risk factors are modifiable by lifestyle, while others are non-modifiable and are often related to genetics.

**Potentially modifiable factors:**
- Being overweight or obese
- Alcohol consumption
- Physical inactivity
- Use of Menopausal Hormone Therapy (MHT) (combined estrogen and progestin)

**Non-modifiable factors:**
- Family history of breast cancer
- High breast tissue density
- Inherited mutations such as BRCA1 and BRCA2
- High-dose radiation to the chest for cancer treatment (e.g., for Hodgkin lymphoma) at a young age
- High bone mineral density
- Type 2 diabetes
- Early menstrual cycle or late menopause
- Recent use of oral contraceptives or DepoProvera®
- Reproductive factors, such as never having children, and/or having one’s first child after age 30, or not breastfeeding

**Screening in the United States**

Mammography screening is currently considered the most effective way of reducing breast cancer mortality and increasing the odds of survival. Mammograms, developed in the 1960s, are designed to take an x-ray of breast tissue to look for abnormalities. Technology has improved greatly, enhancing imaging and exposing tissue to less radiation.

Due to the enormous benefits of screening, mammography rates have increased from 29 percent in 1987 up to 67 percent today. These great improvements in screening have lowered breast cancer death rates 34 percent over a 20 year period, thereby averting **over 200,000 breast cancer deaths**. Unfortunately, large disparities in screening still exist, including lower screening rates among uninsured women, women with less than 12 years of education, and women who are recent immigrants. Barriers that prevent women from getting screened include lack of knowledge about mammography, cost, speaking a primary language other than English, living far from a screening center, and inconvenient hours at screening facilities.

There are also great variations in screening rates by state. Massachusetts has the highest screening rate in the nation with over 72 percent of women being screened. Wyoming only has a 47 percent screening rate, which is well below the national average of 67 percent.
ACS Recommendations

In 2015, the American Cancer Society released new breast cancer screening guidelines for women at average risk:

Recognizing that the evidence does not support a ‘one size fits all’ recommendation, the new guideline offers a more tailored recommendation based on a woman’s age, health, risk factors, and personal values and/or preferences. The guideline is aimed at maximizing mammography’s ability to save lives from breast cancer while minimizing the harms from false positives, additional testing, and potential over-diagnosis. In consultation with her doctor, a woman should have the information and access to care to make the most informed decision about her health care options.

The Society and ACS CAN strongly believe all screening strategies mentioned above should be covered by insurance without cost-sharing for the patient, while allowing women the opportunity to choose when they begin screening in consultation with their health care provider.