Breast cancer is the second most commonly diagnosed cancer and the second-leading cause of cancer death in women. In 2017, an estimated 252,710 women and 2,470 men will be diagnosed with invasive breast cancer, and approximately 40,610 women and 460 men are expected to die from the disease. The good news is that death rates from breast cancer have been consistently declining over the last three decades, largely due to increased screening rates.

Screening for Breast Cancer
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. It is important for women, particularly those at higher risk for the disease, to follow recommended screening guidelines to detect breast cancer at an early stage when survival rates are highest.

The American Cancer Society (ACS) recommends the following screening for average risk women:

- Women ages 40-44 should have the choice to start annual breast cancer screening with mammograms.
- Women age 45-54 should get mammograms every year.
- Women 55+ should switch to mammograms every 2 years, or can continue yearly screening.
- Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.
- All women should be familiar with the known benefits, limitations, and potential harms linked to breast cancer screening. They also should know how their breasts normally look and feel and report any breast changes to a health care provider right away.

Some women – whom are at high risk because of their family history, a genetic tendency, or certain other factors – should be screened with MRIs along with mammograms. (The number of women who fall into this category is very small.)

Trends in Screening Incidence

- Nearly 66 percent of women 40 years and older are up-to-date with screening. This means that over 1 in 3 women are not getting tested as recommended.
- Disparities in screening rates for breast cancer exist among women who are uninsured, those with less than a high school education, and who are of Hispanic descent or an American Indian/Alaska Native.

* Translating to 297,300 fewer breast cancer deaths.
Benefits of Screening — Getting screened early can save lives

- Almost 100 percent of all individuals diagnosed with breast cancer at a local (early) stage are still alive five years later. Unfortunately, only 61 percent of all breast cancers are diagnosed at a local stage – partly due to the underutilization of screening – causing an overall 5-year survival rate of 90 percent in women.¹
- Five-year survival rate for men is 84 percent, as they are more likely to be diagnosed with advanced disease from lack of awareness of male breast cancer risk and no available screening for male breast cancer.¹

Improving Access to Screening

- National Breast and Cervical Cancer Early Detection Program (NBCCEDP) – Created by Congress in 1990 and administered by the Centers for Disease Control and Prevention (CDC), the NBCCEDP provides low-income, uninsured, and underinsured women access to breast and cervical cancer screenings; patient navigation; case management; diagnostic services; and public education materials. NBCCEDP has provided over 12.5 million screening exams to more than 5.2 million women, detecting over 60,400 breast cancers, over 3,800 cervical cancers, and over 176,000 premalignant cervical lesions.⁶ Despite NBCCEDP’s proven success, federal and state funding is woefully inadequate and has failed to keep pace with inflation. A general decline in federal funding over the past 5 years, on top of widespread spending reductions at the state level, have left many women unable to receive potentially lifesaving screenings. Fewer than 1 in 10 eligible women are currently able to receive screenings through the NBCCEDP due to underfunding.

ACS CAN’s Position

Barriers to screening for breast cancer include: lack of health insurance, reduced availability or access to programs like the NBCCEDP, knowledge about the screening test, language challenges, distrust of hospitals/doctors, living far from a screening center, and/or lack of physician recommendation.⁷ Efforts to reduce these barriers could greatly improve breast cancer screening rates, particularly for disparate populations.

ACS CAN supports improving screening rates by:

- Protecting and/or increasing federal and state funding for effective cancer control efforts, like the NBCCEDP.
- Supporting policies that require insurers to cover preventive services at low or no cost to the patient, including breast cancer screenings. ACS CAN strongly believes all screening strategies mentioned above should be covered by insurance without cost-sharing for the patient, beginning at age 40, while allowing women the opportunity to choose when they begin screening in consultation with their health care provider.
- Supporting evidence-based educational efforts to improve uptake of preventive services, particularly in disparate populations.

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