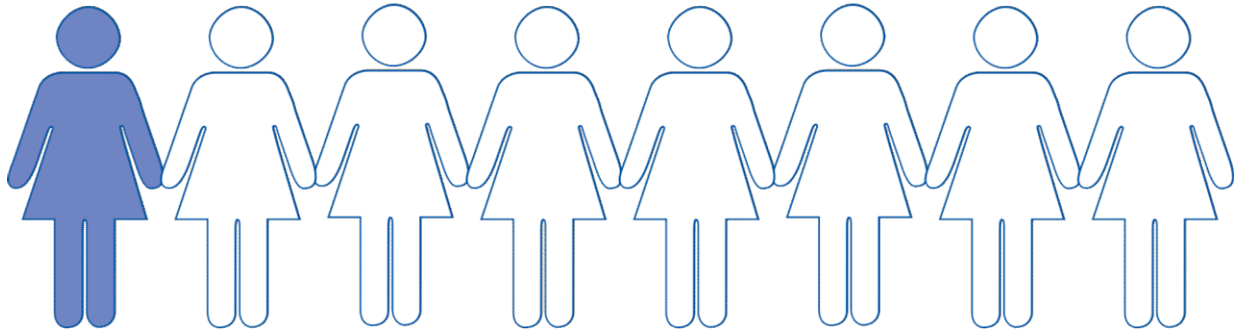
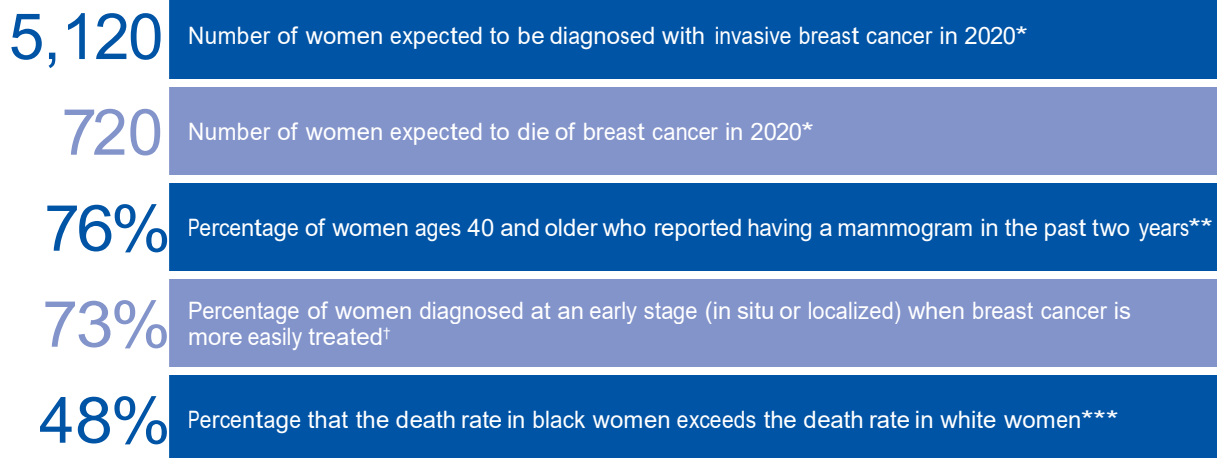


Facts & Figures

Breast Cancer in Wisconsin



1 in 8 Lifetime risk of being diagnosed with breast cancer



Source: *American Cancer Society. *Cancer Facts & Figures 2020*. Atlanta: American Cancer Society; 2020. **Wisconsin Behavior Risk Factor Surveillance System, Office of Health Informatics, Division of Public Health, Department of Health Services, 2019. †Statistics for 2012-2016. Wisconsin Cancer Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services, and the National Center for Health Statistics. ***Statistics for 2013-2017. American Cancer Society. *CA Cancer J Clin*.

Breast Cancer in Wisconsin

Breast cancer is the most common cancer among women in Wisconsin regardless of race. It accounts for nearly one-third of all cancers diagnosed among women.

Female Breast Cancer

During 2012-2016, the age-adjusted incidence rate for invasive female breast cancer was 130.6 per 100,000 population, representing approximately 4,584 newly diagnosed breast cancers annually. The mortality rate for the disease in Wisconsin females during 2012-2016 was 19.6 per 100,000. This represents an average of 743 deaths from breast cancer annually. Only lung cancer accounts for more cancer deaths among women.

Male Breast Cancer

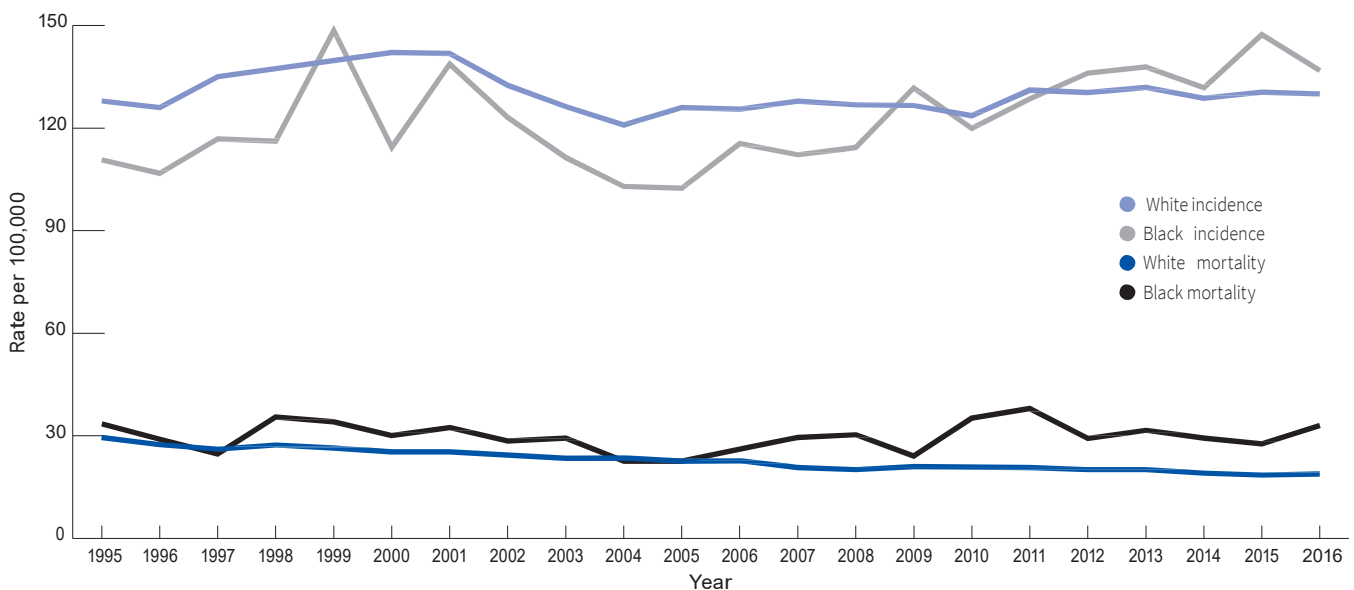
In Wisconsin, approximately 51 men were diagnosed with breast cancer and 9 men died annually from the disease during 2012-2016. The age-adjusted incidence rate among men was 1.6, and the age-adjusted mortality rate was 0.3 per 100,000. Clinically, breast cancer in men is very similar to the disease in women; however, men are more likely than women to be diagnosed with advanced-stage breast cancer because of delayed screening. Mammography is not recommended for men due to the rarity of the disease.

Trends in Breast Cancer

Since 1995, black women in Wisconsin have typically experienced lower breast cancer incidence rates, but higher mortality rates, compared to white women. However, since 2005, the incidence rate among black women has increased, and in 2009, 2012, 2013, 2014, 2015, and 2016 exceeded the white incidence rate (Figure 1). In 2016, the incidence rate among black women was 136.8 based on 232 newly diagnosed invasive breast cancer cases, and the rate among white women was 130.0 based on 4,340 cases. Starting around 1997, the rate among white women increased until 2001, and then declined in 2002 and remained relatively constant through 2016. The rate among black women increased by 23%, from 110.0 per 100,000 in 1995 to 136.8 per 100,000 in 2016.

The recent increase in incidence among black women is of concern because breast cancer has been historically deadlier in black women than in white women but was not as common. As incidence rates equalize, data suggest that the disease will have an even greater death toll on black women. For most years, black women in Wisconsin have experienced higher breast cancer mortality than white women; in 2016, the rate for black women was 33.0 compared to 18.8 among white women. From 1995 to 2016, the breast cancer mortality rate among white women decreased by 33%, while the mortality rate among black women was relatively constant.

Figure 1. Female Breast Cancer Trends: Incidence and Mortality by Race, Wisconsin, 1995-2016



Rates are per 100,000 and age-adjusted to the 2000 US Standard Population.

Source: Wisconsin Cancer Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services and the National Center for Health Statistics.

Risk Factors

Increasing age is the most important risk factor for breast cancer, after being female.

Hereditary and Medical Factors

- Personal or family history of breast cancer
- Inherited genetic mutations in the breast cancer susceptibility genes, including *BRCA1* and *BRCA2* (These mutations account for approximately 5%-10% of all breast cancer cases.)
- Certain benign breast conditions
- Having dense breast tissue
- High-dose radiation to the chest at a younger age
- Starting menstruation early (before age 12) or going through menopause after age 55

Modifiable Risk Factors

- Being overweight or obese, especially after menopause, and/or weight gain after age 18
- Use of menopausal combined hormone therapy (both estrogen and progesterin)
- Not being physically active
- Drinking alcohol

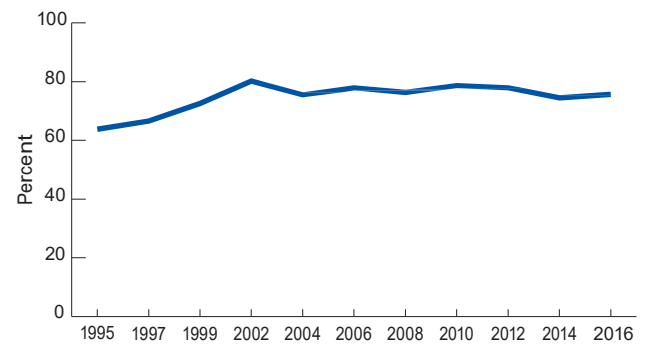
Risk Reduction

Some breast cancer risk factors, such as heredity and medical factors, cannot be changed. However, a woman's risk of developing breast cancer may be reduced by staying physically active, maintaining a healthy body weight, and limiting alcohol use. Management of risk factors may help some women decrease their chances of being diagnosed with the disease. For women at high risk for breast cancer, certain medications may also reduce breast cancer risk.

Screening/Early Detection

Mammography can often detect breast cancer at an early stage, when treatment is more effective, and a cure is more likely. A mammogram can often detect the earliest sign of the disease before it can be seen or felt physically. Like any medical test, a mammogram is not perfect: It will detect most, but not all, breast cancers in women without symptoms.

Figure 2. Trends in Prevalence of Mammography Screening within the Past Two Years among Women Ages 40 and Older in Wisconsin, 1995-2016



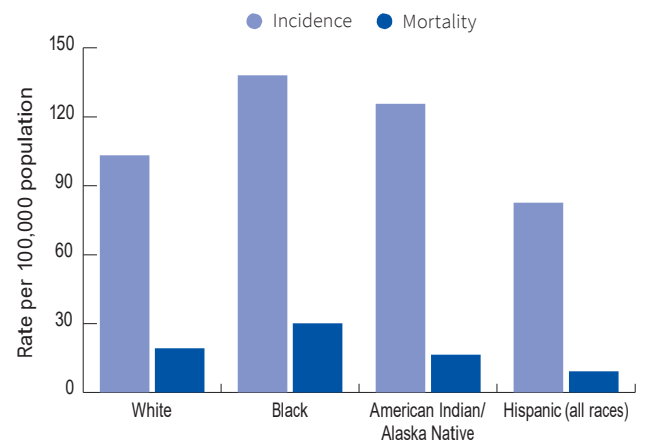
Source: Wisconsin Behavior Risk Factor Surveillance System, Office of Health Informatics, Division of Public Health, Department of Health Services, 2019.

Figure 2 displays the trend in mammography rates, which increased from 63.8% in 1995 to 75.7% in 2016. Improved mammography screening to detect breast cancer early, along with better treatment options, has made breast cancer a more curable disease than it was 30 years ago.

Stage at Diagnosis

The Wisconsin five-year relative survival rate for women diagnosed with breast cancer at the localized stage is 99%. Sixty-six percent of invasive female breast cancers were diagnosed at the localized stage in the most recent five years, 2012-2016. During that same period, 20% of all female breast cancers were diagnosed at the earliest preinvasive stage or in situ.

Figure 3. Female Breast Cancer Incidence and Mortality Rates by Race, Wisconsin, 2012-2016



Rates are per 100,000 and age-adjusted to the 2000 US Standard Population.

Source: Wisconsin Cancer Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services, and the National Center for Health Statistics.

American Cancer Society Screening Recommendations for Breast Cancer

Women at average risk should follow these examination schedules:

- Women ages 40 to 44 should have the option to start annual mammograms.
- Women ages 45 to 54 should get mammograms every year.
- Women ages 55 and older can switch to mammograms every 2 years or can continue yearly screening.
- Screening should continue as long as a woman is in good overall health and life expectancy is 10 or more years.

All women should understand what to expect when getting a mammogram for breast cancer screening – what the test can and cannot do.

Women should know how their breasts normally look and feel and report any changes to a health care provider right away.

Women at high lifetime risk for breast cancer – because of their family history, a genetic tendency, or certain other factors – should get an MRI and a mammogram every year, typically starting at age 30.



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