

American Cancer Society Report Finds Burden of Breast Cancer Deaths Shifts to Poor

ATLANTA – October 3, 2011 – A new report from the American Cancer Society finds that a slower and later decline in breast cancer death rates among women in poor areas has resulted in a shift in the highest breast cancer death rates from women residing in more affluent areas to those in poor areas. The authors point to screening rates as one potential factor. In 2008, only 51.4% of poor women ages 40 and older had undergone a screening mammogram in the past two years compared to 72.8% of non-poor women.

The findings are published in [Breast Cancer Statistics, 2011](#), which appears in CA: A Cancer Journal for Clinicians. The report and its consumer version, [Breast Cancer Facts & Figures 2011-2012](#), provide detailed analyses of breast cancer trends, present information on known factors that influence risk and survival, and provide the latest data on prevention, early detection, treatment, and ongoing research.

More highlights from Breast Cancer Statistics, 2011 and Breast Cancer Facts & Figures 2011-2012:

- Breast cancer mortality rates have declined steadily since 1990, with the drop in mortality larger among women under 50 (3.2% per year) than among women 50 and older (2.0% per year).
- In 2011, an estimated 230,480 women will be diagnosed with breast cancer. Excluding cancers of the skin, breast cancer is the most common cancer among women in the United States, accounting for nearly 1 in 3 cancers diagnosed.
- An estimated 39,520 women are expected to die from the disease in 2011. Only lung cancer accounts for more cancer deaths in women.
- In January 2008 (the latest year for which figures are available), approximately 2.6 million women living in the U.S. had a history of breast cancer, more than half of whom were diagnosed less than 10 years earlier. Most of them were cancer-free, while others still had evidence of cancer and may have been undergoing treatment.
- From 2004 to 2008, the average annual female breast cancer incidence rate was highest in non-Hispanic white women (125.4 cases per 100,000 females) and lowest for Asian Americans/Pacific Islanders (84.9). During this time period, breast cancer incidence rates were stable among all racial/ethnic groups.
- Although overall breast cancer incidence rates are lower in African American than white women, African American women have higher rates of distant stage disease; are more likely to be diagnosed with larger tumors; and are more likely to die from the disease.
- From 1998-2007, female breast cancer death rates declined annually by 1.9% in Hispanics/Latinas, 1.8% in non-Hispanic whites, 1.6% in African Americans, and 0.8% in Asian Americans/Pacific Islanders. Death rates have remained unchanged among American Indians/Alaska Natives.
- Analyses by county level poverty rates showed that death rates were highest among women residing in affluent areas until the early 1990s, but since that time rates have been higher among women in poorer areas because the decline in death rates began later and was slower among women residing in poor areas compared to those in affluent areas.
- Trends in breast cancer death rates vary by state. During 1998-2007, death rates declined in 36 states and the District of Columbia, but remained relatively unchanged in the remaining 14 states (Alabama, Alaska, Arkansas, Hawaii, Louisiana, Mississippi, Missouri, Montana, New Mexico, Oklahoma, South Dakota, Utah, Vermont, and Wyoming). The lack of a decline in these states is likely related to variations in the prevalence and quality of mammography screening, as well as state differences in racial and socioeconomic composition.
- Despite much progress in increasing mammography utilization, screening rates continue to be lower in poor women compared to non-poor women. In 2008, 51.4% of poor women ages 40 and older had a screening mammogram in the past 2 years compared to 72.8% of non-poor women.

“In general, progress in reducing breast cancer death rates is being seen across races/ethnicities, socioeconomic status, and across the U.S.,” said Otis W. Brawley, M.D., chief medical officer of the American Cancer Society. “However, not all women have benefitted equally. Poor women are now at greater risk for breast cancer death because of less access to screening and better treatments. This continued disparity is impeding real progress against breast cancer, and will require renewed efforts to ensure that all women have access to high-quality

prevention, detection, and treatment services.”
