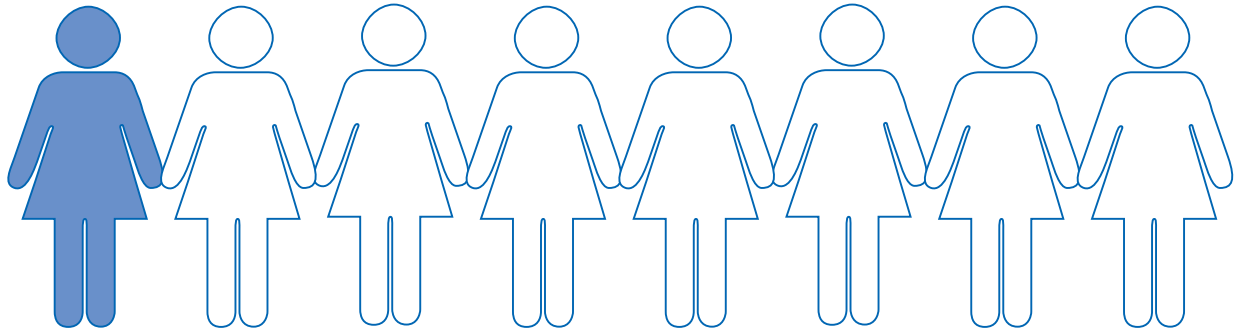


# Facts & Figures

## Breast Cancer in Wisconsin



**1 in 8** Lifetime risk of being diagnosed with breast cancer

<b>4,730</b>	Number of women expected to be diagnosed with invasive breast cancer this year*
<b>710</b>	Number of women expected to die of breast cancer this year*
<b>78%</b>	Percentage of women ages 40 and older who reported having a mammogram in the past two years
<b>71%</b>	Percentage of women diagnosed at an early stage (in situ or regional) when breast cancer is more easily treated
<b>56%</b>	Percentage that death rate in African American women exceeds the death rate in white women

\*Estimates for 2016

# 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 2009-2013, the age-adjusted incidence rate for invasive female breast cancer was 127.2 per 100,000 population, representing approximately 4,300 newly diagnosed breast cancers annually. The mortality rate for the disease in Wisconsin females during 2009-2013 was 20.9 per 100,000. This represents an average of 767 deaths from breast cancer annually. Only lung cancer accounts for more cancer deaths among women.

## Male Breast Cancer

In Wisconsin, approximately 55 men were diagnosed with breast cancer and 10 men died from the disease each year during 2009-2013. 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, but the prognosis is often worse for men because they tend to be diagnosed at a later stage than women.

## Trends in Breast Cancer

Since 1995, African American women in Wisconsin have typically experienced lower breast cancer incidence rates, but higher mortality rates, compared with white women.

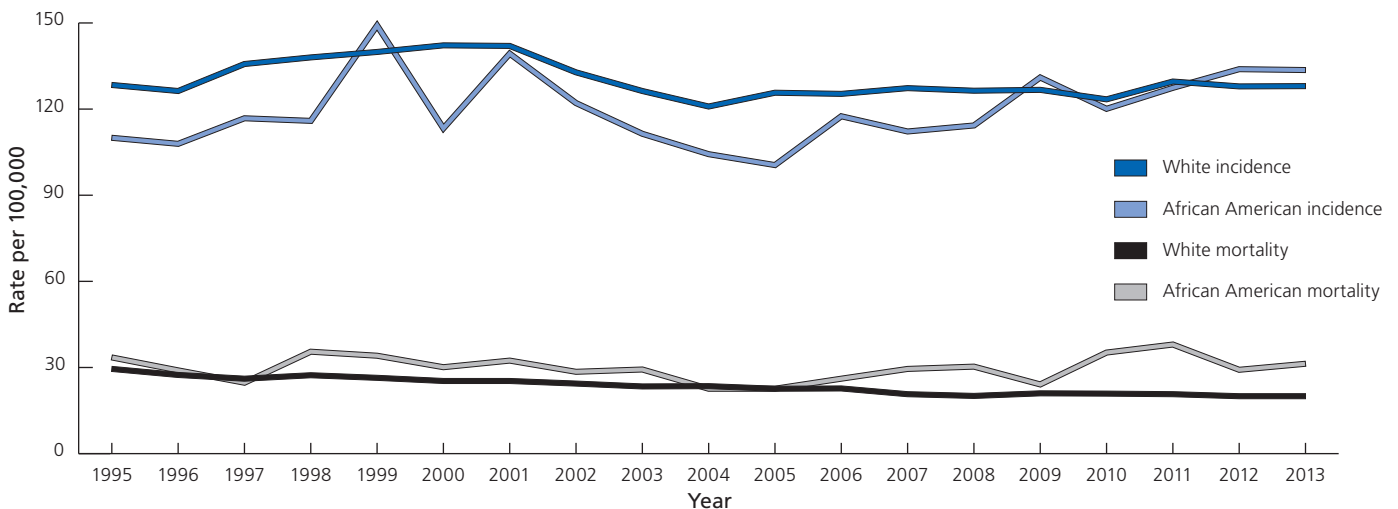
However, since 2005, the incidence rate among black women has increased and in 2009, 2012, and 2013 exceeded the white incidence rate (Figure 1). In 2013, the incidence rate among African American women was 133.6 based on 209 newly diagnosed invasive breast cancer cases, and the rate among white women was 128.0, with 4,142 cases. Starting around 1996 the rate among white women increased until 2001, and then declined until 2004 and remained relatively constant through 2013. The rate among black women increased by 23%, from 110.0 per 100,000 in 1995 to 133.6 per 100,000 in 2013.

The recent increase in incidence among African American women is of concern because breast cancer has been historically more deadly 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, African American women in Wisconsin have experienced higher breast cancer mortality than white women; in 2013, the rate for black women was 31.3 compared with the rate among white women of 20.0. From 1995 to 2013, the breast cancer mortality rate among white women decreased by 33%, while the mortality rate among African American women was relatively constant until the recent five years (2009-2013), and then increased by 26%.

## Risk Factors

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

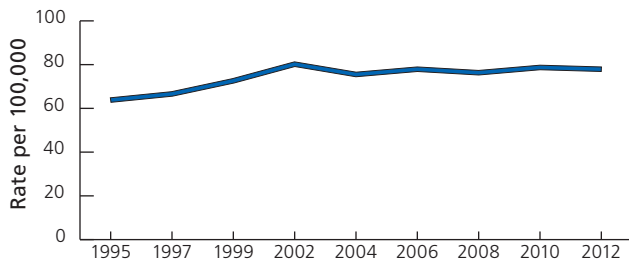
Figure 1. Female Breast Cancer Trends: Incidence and Mortality by Race, Wisconsin, 1995-2013



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.

**Figure 2. Trends in Prevalence of Mammography Screening within the Past Two Years among Women Ages 40 and Older in Wisconsin, 1995-2012**



**Source:** Wisconsin Behavior Risk Factor Surveillance System, 1997-2012, Office of Health Informatics, Division of Public Health, Department of Health Services, 2016. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. URL: <http://www.cdc.gov/brfss/brfssprevalence/>.

### Hereditary and Medical Factors

- Personal or family history of breast cancer or ovarian 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.)
- Personal history of ductal or lobular carcinoma in situ
- Certain benign breast conditions (such as atypical hyperplasia)
- High breast tissue density
- High-dose radiation to the chest at a young age
- High bone mineral density (evaluated during screening for osteoporosis)
- Type 2 diabetes (independent of obesity)

### Modifiable Risk Factors

- Weight gain after age 18 and/or being overweight or obese, especially after menopause
- Use of menopausal combined hormone therapy (both estrogen and progestin)
- Lack of physical activity
- Alcohol consumption

### 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, two medications – tamoxifen and raloxifene – have been approved to reduce breast cancer risk.

### Screening/Early Detection

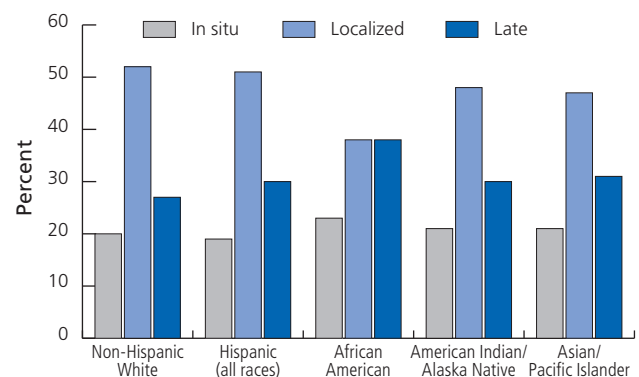
Mammography can often detect breast cancer at an early stage, when treatment is more effective and a cure is more likely. A mammogram can often detect the earliest sign of the disease before it can be seen or felt physically. Like any medical test, a mammogram is not perfect: It will detect most, but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

Figure 2 displays the trend in mammography rates, which increased from 63.8% in 1995 to 78.7% in 2012. 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 98%. In Wisconsin, 50% of all female breast cancers were diagnosed at the localized, invasive stage in the most recent five years, 2009-2013. During that same period, 20% of female breast cancers were diagnosed at the earliest pre-invasive stage or in situ. Figure 3 shows that African American women are diagnosed with breast cancer at the late stage of disease more often than women of other racial and ethnic groups.

**Figure 3. Female Breast Cancer Stage at Diagnosis by Race/Ethnicity, Wisconsin, 2009-2013**



Late stage includes regional and distant stages. 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.

## 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 choice to start annual mammograms.
- Women ages 45 to 54 should get mammograms every year.
- Women ages 55 and older should have 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 be familiar with the known benefits and limitations linked to breast cancer screening. They 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 be screened with magnetic resonance imaging, also known as MRI, in addition to mammography. They should talk with a health care provider about an appropriate screening plan.



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