

POWER OF PREVENTION

The Health and Economic Benefits of Preventing Chronic Diseases



BREAST CANCER

Cancer is the second leading cause of death in the United States, and [breast cancer](#) is the most commonly diagnosed cancer in women.¹ The risk of breast cancer increases with age. About 82% of breast cancer diagnoses each year are among women aged 50 or older.¹

Breast Cancer in the United States

- 245,299 women in the United States were diagnosed with breast cancer in 2016, and more than 41,000 women died of it.¹
- For the last 10 years, the rate of new breast cancer cases has increased.²
- Death rates have been going down, but disparities persist.² The rate of new breast cancer cases is highest among non-Hispanic white women, but death rates are highest among black women.¹

Strategies That Work

CDC is working to prevent cancer, detect it early, improve the health of people with cancer, and reduce health care costs associated with cancer.

To help catch breast cancer early, the US Preventive Services Task Force recommends that women aged 50 to 74 who are at average risk of breast cancer get a mammogram every 2 years.³ Women aged 40 to 49 should talk to their doctor or other health care professional about when to start and how often to get a mammogram.

The Benefits of Using Proven Strategies

More breast cancer screening would:

-  **REDUCE** deaths. Compared to no screening, screening every 2 years reduces breast cancer deaths by 26% for every 1,000 women screened.⁴
-  **INCREASE** life expectancy. Women who are screened every 2 years can expect to live 1.4 months longer than women who are not screened.⁴
-  **DECREASE** the number of women diagnosed with late-stage cancer. Screening has contributed to a 29% reduction in the number of women diagnosed with breast cancer that has spread to other parts of the body.⁵
-  **INCREASE** 5-year survival rates. Almost 99% of women diagnosed with breast cancer at the earliest stage live for 5 years or more, compared to about 27% of those diagnosed at the most advanced stage.²
-  **SAVE** money. Breast cancers diagnosed at an early stage are much less expensive to treat than those diagnosed at a late stage.^{6,7}



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Women should weigh the [benefits and risks](#) of screening tests when deciding whether to begin getting mammograms before age 50.

CDC's [National Breast and Cervical Cancer Early Detection Program](#) (NBCCEDP) helps low-income, uninsured, and underinsured women get access to timely breast and cervical cancer screening and diagnosis services. To improve access to treatment, Congress passed the [Breast and Cervical Cancer Prevention and Treatment Act](#), which allows states to use Medicaid to cover treatment for women diagnosed with cancer through the NBCCEDP.

The NBCCEDP supports all 50 states, the District of Columbia, 6 US territories, and 13 American Indian or Alaska Native tribes or tribal organizations.

NBCCEDP strategies include:

- Funding screening and diagnostic services for eligible women.
- Supporting population-based approaches that increase high-quality breast and cervical cancer screening.

Since 1991, NBCCEDP-funded programs have:

- Served more than 5.6 million women.
- Provided more than 13 million breast and cervical cancer screening exams.
- Diagnosed 68,486 invasive breast cancers and 21,852 premalignant breast lesions.



About 5.3% of US women aged 40 to 64 were eligible for NBCCEDP breast cancer screening services during 2016–2017. The program was able to serve 15% of eligible women during this time.⁸



\$16.5 BILLION^{*(a)}
total annual medical cost
of breast cancer care⁹

The High Cost of Breast Cancer

- 13% of all cancer treatment costs in the United States are for breast cancer.⁹
- Breast cancer has the highest treatment cost of any cancer.⁹
- The amount that patients pay for breast cancer care can vary widely depending on insurance coverage. A typical woman with employer-sponsored coverage who is diagnosed with early-stage breast cancer can expect to pay \$5,800^{*(b)} out of pocket, including premiums.¹⁰
- On average, cancer survivors have annual losses in work productivity (due to missed work days and employment disability) that are more than \$1,000^{*(c)} higher compared to people without a cancer history.¹¹ Some cancer survivors are not able to return to work, while others report not being able to perform all tasks because of illness or distress.

* Costs were measured in ^a2010 US dollars, ^b2014 US dollars, and ^c2011 US dollars. Older cost estimates are likely to be underestimates.