



**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF WOMEN'S HEALTH**



**OCTOBER IS BREAST CANCER AWARENESS MONTH**

Over the course of a lifetime, 1 in 8 women will be diagnosed with breast cancer. It continues to be a leading cause of cancer mortality and morbidity for all women regardless of race. The American Cancer Society estimates that there will be 230,430 new cases and 39,520 deaths from invasive breast cancer among women in the United States in 2011.

**Disparities**

Breast cancer incidence and mortality rates affect women disproportionately. In Los Angeles County, the incidence of invasive breast cancer (age-adjusted per 100,000 female population) is 142.9 for white women, 123.9 for black women, 93.7 for Asian/Pacific Islander women, and 80.0 for Latinas. Mortality rate of breast cancer (age-adjusted per 100,000 female population) is 31.6 for black women, 24.5 for white women, 14.7 for Latinas, and 12.2 for Asian/Pacific Islander women. (1)

**Risk Factors**

Having a risk factor, or even several, does not mean that you will get the disease. Many women with breast cancer have no apparent risk factors (other than being a woman and growing older). Even when a woman with risk factors develops breast cancer, it is hard to know just how much these factors may have contributed to her cancer.

There are different kinds of risk factors. Some factors, like a person's age or race, can't be changed. Other risk factors are linked to cancer-causing factors in the environment. Still others are related to personal behaviors such as smoking, drinking, and diet. Some factors influence risk more than others, and the risk for breast cancer can change over time, due to factors such as aging or lifestyle. (2)

**Recent Screening Guidelines**

Early detection of breast cancer is imperative for reducing mortality rates. Studies show that screening to detect early-stage invasive cancer reduces mortality rates by 15 to 25 percent. Screening mammography is also associated with potential harms, including rates of over-diagnosis and false-positive results.

In balancing the harms and benefits of mammography, recent guidelines by the U.S. Preventive Services Task Force (UPSTF) now recommend the following (3):

- i) Women 40-49 years: talk with your healthcare provider about when to start having mammograms and how often;
- ii) Women 50-74 years: have a mammogram every 2 years;
- iii) Women 75 years and older: talk with your healthcare provider.

**A Personal Approach**

A recent article published in the Annals of Internal Medicine suggests that a better approach for recommending screening guidelines may be to consider risk factors for individual women and their personal beliefs about the potential benefit and harms of screening. Risk factors such as age, breast density, history of a breast biopsy, and family history of breast cancer strongly influence how often a woman should be screened.

The study reports that the screening rate becomes more or less frequent depending on the age and the amount of risk factors a woman presents. For instance, for a woman aged 50-59 years old with low breast density and no other risk factors, a mammography screening every 3 to 4 years might be recommended. In contrast, screening recommendations for a woman with the same profile but with two additional risk factors might be to have a mammogram every 2 years.

This model demonstrates that personalization of breast cancer screenings is both beneficial to the patients as it can reduce any potential effects of unnecessary breast cancer screening and treatment, and it is cost-effective. (4)

### **Prevention Measures**

Although we can modify controllable risk factors such as limiting alcohol intake, not smoking, exercising at least 30 minutes a day most days of the week, and staying at a healthy weight, to reduce the risk of breast cancer, personalized breast cancer screening may be an additional prevention measure. As breast tissue density may give a more accurate picture of breast cancer risk and frequency of mammography screening, women should talk to their healthcare provider to determine the best personalized preventive strategy.

### References

- 1) Los Angeles County Department of Public Health, Office of Women's Health. Health Indicators for Women in Los Angeles County: *Highlighting Disparities by Ethnicity and Poverty Level*, February 2010.
- 2) American Cancer Society  
<http://www.cancer.org/Cancer/BreastCancer/DetailedGuide/breast-cancer-risk-factors>
- 3) U.S. Preventive Services Task Force – Screening for Breast Cancer  
<http://www.uspreventiveservicestaskforce.org/uspstf/uspbrca.htm>
- 4) Schousboe, J.T. et al. *Personalizing Mammography by Breast Density and other Risk Factors for Breast Cancer: Analysis of Health Benefits and Cost- Effectiveness*. Annals of Internal Medicine 2011;155(1):10-20.