NATIONAL BREAST CANCER COALITION

2024 BREAST CANCER

FACTS & FIGURES

The National Breast Cancer Coalition (NBCC) is a grassroots organization dedicated to ending breast cancer through action and advocacy.

INCIDENCE

Breast cancer is the most diagnosed cancer among women in the U.S.* In 2024, there will be an estimated **310,720** new cases of invasive breast cancer in women, **2,790** new cases in men, and an additional **56,500** cases of ductal carcinoma in situ (DCIS)** in women.***[1]

Lifetime Risk

For women in the U.S., the lifetime risk of being diagnosed with invasive breast cancer has increased since 1975.[2,3]

2017-2019 | **1 in 8** | **13.0%**

1975-1977 | **1 in 11** | **9.1%**

Incidence By Age

Older women are more likely to get invasive breast cancer than younger women. From 2015-2019, the median age of a breast cancer diagnosis was 62 years.[2]

*Excluding basal cell and squamous cell skin cancers, which are not required to be reported to cancer registries, and carcinomas in situ.

**Annual incidence counts of lobular carcinoma in situ are no longer measured following its removal from the 2017 edition of the AJCC breast cancer staging program.

***Data available from 2020 were excluded from trend and lifetime risk analyses to account for disruptions in health care related to the COVID-19 pandemic.

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MORTALITY

In 2020,
685,000
women died from breast cancer globally.[4]

Breast cancer is
the 2nd leading cause of cancer deaths for women
in the United States, after lung cancer.

In 2024, it is estimated that **42,250 women** and **530 men** will die of breast cancer.[1]

Progress in reducing breast cancer mortality has slowed in recent years, from 2% to 3% annually during the 1990s and 2000s to 1% annually from 2013 to 2021.[2]

While the breast cancer mortality rate has declined, the number of women and men who die each year is rising and will continue to rise as the aging population grows.

Mortality By Age

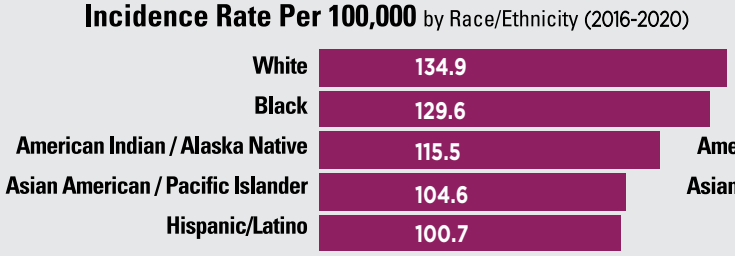
From 2016-2020, the median age at death from breast cancer was **70 years** of age.[5]

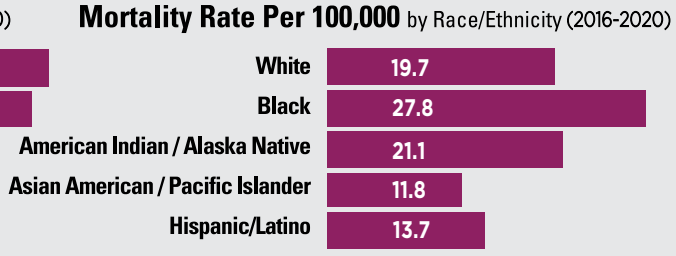
Every 13 minutes, a woman dies from breast cancer.

RACIAL DISPARITIES

Despite a 4% lower incidence, mortality from breast cancer among Black women is **41% higher** compared with White women.[1,2]

INCIDENCE & MORTALITY RATES OF FEMALE BREAST CANCER





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RECURRENCE

The risk of local and distant (metastatic) recurrence varies greatly based on many factors. Estimates of long-term cumulative risk range from about 5% to 60%, with most falling between **10%-30%**.[6–9] Furthermore, recurrence risk remains elevated more than 3 decades from the primary diagnosis.[9]

PREVALENCE

As of January 2022, there were an estimated **>4 million** women living with a history of invasive breast cancer in the U.S.[10]

It is estimated that in 2018, **140,230** women in the U.S. were living with metastatic breast cancer. By 2025, this number is expected to increase to **169,347**.[11]

RISK FACTORS

Only 5-10% of breast cancers are hereditary. The strongest risks for breast cancer are age and being assigned female at birth.

Other non-modifiable risk factors include:[12–14]

- Genetic mutations, such as in *BRCA1* and *BRCA2*
- Starting menstrual periods before age 12 and menopause after age 55
- Having dense breasts
- Personal history of breast cancer or benign breast diseases
- Family history of breast cancer
- Previous radiation therapy in chest or breasts
- Exposure to the drug diethylstilbestrol (DES)
- Naturally high levels of estrogen or testosterone

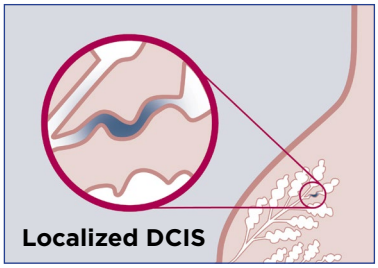
Risk factors that are potentially modifiable include:

- Lack of physical activity
- Being overweight or having obesity (post-menopause)
- Taking hormonal medications, such as menopausal hormone therapy or hormonal contraceptives
- Reproductive history, including being over 30 years of age at first full-term pregnancy, not breastfeeding, and never having a full-term pregnancy
- Alcohol consumption

DCIS & SCREENING

The diagnosis of ductal carcinoma in situ (DCIS) was rare before 1980, but the widespread adoption of screening mammography led to a massive increase in DCIS diagnosis. From 1980-2000, women aged 20-49 experienced a **400% increase** in DCIS diagnoses, and women over the age of 50 experienced over a **900% increase** in DCIS diagnoses.[2] However, screening has not decreased the rate of lethal disease (i.e., distant stage) at diagnosis.[15]

Overdiagnosis of breast cancer (i.e., cancer that would never have become a problem) by screening mammography is difficult to determine, with the most credible estimates ranging from **11%-22%**.[16,17] False positive and false negative mammography results are also possible. Over a 10-year period, **more than half** of women getting an annual mammogram will receive a false-positive result.[18,19]



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TREATMENT

The current methods of treatment in use in the U.S.

Surgery (Mastectomy) & Lumpectomy)

Chemotherapy

Radiation

Hormonal

Targeted Therapy

Immunotherapy

LANGUAGE

NBCC acknowledges that breast cancer impacts people of all gender identities.

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