Female Breast Cancer

Breast cancer is the most frequently diagnosed cancer and the second leading cause of cancer death among Washington women. In Washington State in 2014, there were 6,926 new cases of female breast cancer (age-adjusted incidence rate: 169 per 100,000 women) and 865 women died of breast cancer (age-adjusted mortality rate: 20 per 100,000 women). In 2014, Washington’s incidence rate was higher than the U.S. rate.\(^1\) Washington has consistently ranked among the 10 states with the highest rates of newly diagnosed invasive breast cancer.\(^2\)

DOH, along with partner agencies, is working to promote cancer screening. Early detection is key, and collaboration on policies and practices that promote early detection and the implementation of evidence based interventions to increase screening are underway. These interventions center around client reminders, provider reminders, reducing structural barriers to obtaining screening (e.g. mobile mammography and increased clinic hours), and provider assessment and feedback of their client panel’s up-to-date screening rate.
Time Trends

- In 2014, there were 6,926 new cases of female breast cancer reported in Washington, an age-adjusted incidence rate of 169 per 100,000 which is higher than the U.S. rate.
- Washington has ranked among the 10 states with the highest newly diagnosed invasive breast cancer rates for all but two years since 1999.
- Similar to the U.S. overall, female breast cancer incidence rates in Washington have remained level since 2006.
- Washington has not yet achieved the Healthy People 2020 goal to reduce the incidence of late stage breast cancer in women to 41 cases per 100,000 women. In 2014, 44 cases of late-stage breast cancer were diagnosed per 100,000 Washington women.
- In 2014, 865 women died of breast cancer, an age-adjusted mortality rate of 20 per 100,000.
- The age-adjusted female breast cancer mortality rate has decreased steadily since 1992 when surveillance began, and surpassed the Healthy People 2020 goal of 21 deaths per 100,000 women in 2012.
- The overall 2014 U.S. five-year relative survival rate for female breast cancer is 92%.
- Survival increases with early diagnosis and in 2014, 71% of female breast cancers in Washington were diagnosed at the earliest stage (in situ and localized), 26% at the latest stage (regional and distant) and 4% unstaged.
**Geographic Variation**

- During 2012-2014 combined, King County had a higher incidence rate of female breast cancer than the state as a whole.
- During 2012-2014 combined, Franklin, Lewis, and Yakima counties had lower incidence rates of female breast cancer than the state as a whole.

**Disparities**

- During 2012-2014 Washington women 65-74 years had the highest incidence rate of female breast cancer. Though important to address cancer incidence, incidence is commonly higher in older adults as cancer risk increases with age.
- During 2012-2014, Native Hawaiian and Pacific Islander (NHOPI) women had a higher rate of newly diagnosed breast cancer than White women. Hispanic women in Washington had the lowest rate compared to all other racial and ethnic groups.
- In Washington, for 2010-2014 combined, age-adjusted female breast cancer incidence rates were highest for people living in census tracts where less than 5% of the population lived in poverty.
- In Washington, for 2010-2014 combined, age-adjusted incidence rate for female breast cancer increased as the proportion of census tract residents with a college degree increased.
How is Washington addressing breast cancer?

State, local, and community partners are working to reduce the burden of cancer.

**The Department of Health**
- Administers the National Breast and Cervical Cancer Early Detection Program for Washington in partnership with regional contractors. This program provides free breast, cervical, and colon cancer screening to eligible people in Washington State, promotes cancer screening, diagnostics and access to treatment, and partners with health systems and payers to implement evidence-based interventions to increase cancer screening and policies that promote cancer screening.
- Implements the Comprehensive Cancer Control program that works with partners to promote the utilization of health plan benefits and worksite wellness through HealthLinks.
- Tracks and monitors the burden of cancer in communities across the state.

**Healthcare Systems in Washington**
- Increase access to breast cancer screening via mobile mammography and increased clinic hours.
- Monitor and track up-to-date screening rates.
- Provide services for many of our state’s most vulnerable populations. Federally Qualified Health Centers, a key element of the healthcare safety net, are partnering with Department of Health, American Cancer Society, and the Susan G. Komen Foundation to increase screening.

**Community Based and Nonprofit Organizations**
- The American Cancer Society (ACS) in Washington advocates for funding and policies that ensure access to high-quality breast cancer screening for all. They bring together organizational leaders to support cancer prevention, screening, and treatment with their CEOs Against Cancer program and their partnership with Delta, the National Football League, Kroger, and Chevrolet. They provide the Look Good Feel Better, Reach to Recovery and patient navigation programs to support people going through treatment and into survivorship.
- The Susan G. Komen Foundation advocates for funding, and provides for the promotion of cancer prevention, screening and treatment.

**Technical Notes**

*Breast Cancer Incidence*: Breast cancer incidence was defined using ICD-O-3 codes C50.0-C50.9 excluding histology codes 9140, 9050–9055, 9590–9992 for diagnosis years 1992–2014. This definition includes ductal and lobular carcinoma in situ. When we compare Washington and national incidence, we include the in situ cases for both Washington and the nation. Many national reports, such as those commonly published by the American Cancer Society and the National Cancer Institute, do not include in situ cases. Incidence rates are lower when in situ cases are not included.


*Confidence Intervals*: Definition and examples are described in Appendix C.

*Percent Living in Poverty and Percent College Graduates*: Definition and use is described in Appendix C.
Race and Ethnicity: Classification described in Appendix C
Relative Standard Error: Definition and how it was used is described in Appendix C

Surveillance, Epidemiology, and End Results (SEER) Program: The National Cancer Institute established the SEER Program to assist in the collection, analysis, and dissemination of data useful for the prevention, diagnosis, and treatment of cancer, a requirement of the National Cancer Act of 1971. According to United State Cancer Statistics by the National Cancer Institute and the Centers for Disease Control and Prevention, there are 14 population-based cancer registries and 3 supplemental registries (which cover about 28% of the U.S. population) that collect data on cancer incidence and survival.

Washington State Cancer Registry (WSCR): Washington law (Revised Code of Washington 70.54.230), established the cancer registry program (WSCR) at the Department of Health. WSCR collects data about cancer diagnosis, treatment, and death in Washington State, as part of a national system. The data are used to identify better ways to prevent, diagnose, and treat cancer, and to plan programs and policies.

Endnotes
