Cancer Facts & Figures 2013

saves lives and increases treatment options. Steady declines in breast cancer mortality among women since 1989 have been attributed to a combination of early detection and improvements in treatment. Mammography is a very accurate screening tool for women at both average and increased risk; however, like any medical test, it is not perfect. Mammography will detect most, but not all, breast cancers in women without symptoms, and the sensitivity of the test is lower for women with dense breasts. However, newer technologies have shown promising developments for women with dense breast tissue. Digital mammography has improved sensitivity for women with dense breasts. In addition, the Food and Drug Administration recently approved the use of several ultrasound technologies that could be used in addition to standard mammography for women with dense breast tissue. Digital mammography has improved sensitivity for women with dense breasts. In addition, the Food and Drug Administration recently approved the use of several ultrasound technologies that could be used in addition to standard mammography for women with dense breast tissue. Although the majority of women with an abnormal mammogram do not have cancer, all suspicious lesions that cannot be resolved with additional imaging should be biopsied for a definitive diagnosis. Annual screening using magnetic resonance imaging (MRI) in addition to mammography is recommended for women at high lifetime risk of breast cancer starting at age 30. (For more information, see Breast Cancer Facts & Figures at cancer.org/statistics.) Concerted efforts should be made to improve access to health care and to encourage all women 40 and older to receive regular mammograms. For more information on the American Cancer Society’s recommendations for breast cancer screening, see page 60.

Treatment: Taking into account tumor size, extent of spread, and other characteristics, as well as patient preference, treatment usually involves breast-conserving surgery (surgical removal of the tumor and surrounding tissue) or mastectomy (surgical removal of the breast). Numerous studies have shown that for early breast cancer (cancer that has not spread to the skin, chest wall, or distant organs), long-term survival for women treated with breast-conserving surgery plus radiation therapy is similar to that for those treated with mastectomy. For women undergoing mastectomy, significant advances in reconstruction techniques provide several options for breast reconstruction, including the timing of the procedure.

Removal and evaluation of some of the underarm lymph nodes during surgery is usually recommended to determine whether the tumor has spread beyond the breast. In women with early stage disease, sentinel lymph node biopsy, a procedure in which only the first lymph nodes to which cancer is likely to spread are removed, has a lower chance of long-term side effects and is as effective as a full axillary node dissection, in which many nodes are removed.

Treatment may also involve radiation therapy, chemotherapy (before or after surgery), hormone therapy (e.g., selective estrogen response modifiers, aromatase inhibitors, ovarian ablation), or/or targeted therapy. Postmenopausal women with early stage breast cancer that tests positive for hormone receptors benefit...