

Breast Cancer

Breast cancer is the second-deadliest cancer among American women. In addition to adopting a healthy lifestyle, early detection with regular mammograms remains the most effective way to combat the disease. Steady declines in breast cancer deaths among women since 1989 have been attributed to a combination of early detection and improvements in treatment.

Statistics

- In the U.S., one in eight women will be diagnosed with invasive breast cancer during her lifetime.
- In the U.S. in 2024, 310,720 women and 2,790 men are expected to be diagnosed with invasive breast cancer.
- In 2024, breast cancer is expected to claim the lives of 42,250 women and 530 men in the U.S.
- In Texas in 2024, an estimated 21,269 new cases of female and male breast cancer are expected, with 3,571 deaths.

Risk Factors

- **Age:** Most invasive breast cancers occur in women over age 55.
- **Family or Personal History:** Women with an immediate family member (mother, sister, daughter) who has had breast cancer are nearly twice as likely to develop the disease. A close male relative with the disease also raises risk. Women with cancer in one breast are at a higher risk of developing a future cancer in the other breast or another area of the original breast. If you have a family history of cancer, genetic testing may help determine risk.
- **Race and Ethnicity:** Caucasian women have a slightly increased risk of developing breast cancer overall, however in women under 40, African American women are more likely to develop the disease. Mortality rates are also higher among African American women of any age.
- **Diet and Exercise:** Overweight and/or physically inactive women have a higher risk, especially after menopause.
- **Alcohol Use:** Drinking alcohol increases the risk of developing breast cancer. Women who consume multiple drinks a day have around a 20% higher risk than those who do not drink.
- **Breast Conditions:** Women with dense breast tissue and some benign breast conditions are at higher risk.
- **Menstrual Cycles:** Starting menstruation early (before age 12) or menopause late (after age 55) raises risk.
- **Radiation:** Radiation to the chest for another cancer is associated with a higher risk.
- **DES Exposure:** Women who were exposed or had mothers exposed to diethylstilbestrol (DES) have a slightly higher risk.

Symptoms and Signs

Women are encouraged to consult their physician immediately for evaluation if any of the following signs and symptoms are present. The signs for breast cancer are not the same for all women, and some women show no signs in early stages.

- A lump in the breast, under the arm, or around the collarbone
- Change in breast size or shape
- Thickening of breast or underarm
- New nipple retraction or nipple discharge
- Dimpled skin or skin resembling orange peel
- Tenderness or pain in breast or nipple
- Irritation, redness, scaliness, or swelling on the breast, nipple, or skin near the nipple
- Swollen lymph nodes

Prevention

Breast cancer cannot be completely prevented, but women can take steps to decrease risk and/or improve early detection of the disease. Screening recommendations are for women with average risk. It is important to discuss with a physician your individual risk factors, including age, menopausal status, and family history to determine your screening needs.

Screening

- Women should understand their individual risk, as some women with a family history of breast cancer or certain other risk factors should start routine breast cancer screenings early and take other preventative measures before age 40.
- Women should check their breasts monthly. Report any changes to a physician immediately.
- Women in their 20s and 30s should have a clinical breast exam every three years.
- Women in their 30s should discuss their individual breast cancer risk level with a physician to determine the most appropriate cancer screening options, including mammograms and MRI screenings.
- Women age 40 and older should have a mammogram at least once every other year, depending on their individual breast cancer risk. Women should discuss individual risk factors with a physician to determine recommended additional screenings including annual ultrasounds and MRI screenings to drive early detection.

Lifestyle

- Regular exercise, limiting alcohol intake, and maintaining a healthy body mass index (BMI) can reduce the risk of breast cancer.

Higher Risk

- Women and men with a significant family history of breast cancer and especially any history of male breast cancer should discuss genetic testing with their physicians. If genetic tests indicate a mutation that conveys a high risk of breast cancer, like BRCA 1/2 mutations, risk reduction strategies and increased surveillance can be discussed with one's physician.
- Women with a first degree relative who had breast cancer before age 50 should begin receiving mammograms starting 10 years younger than that relative's age at the time of diagnosis.

Treatment Options

Anyone with breast cancer should consult with a medical oncologist to determine his or her specific treatment needs. Treatment options can include surgery, radiation therapy, chemotherapy, proton therapy, targeted therapy, bone-modifying therapy, immunotherapy, hormone therapy, and palliative medicine. A combination of treatments may be used to provide the best chance of disease control.

About Texas Oncology

With more than 550 physicians and 300 locations, Texas Oncology is an independent private practice, a member of the US Oncology Network that sees more than 71,000 new cancer patients each year. Founded in 1986, Texas Oncology provides comprehensive, multi-disciplinary care, and includes Texas Breast Specialists, Texas Center for Proton Therapy, Texas Colon & Rectal Specialists, Texas Imaging & Infusion Center, Texas Oncology Surgical Specialists and Texas Urology Specialists. Texas Oncology's robust community-based clinical trials and research program has contributed to the development of more than 100 FDA-approved cancer therapies. Learn more at [TexasOncology.com](https://www.texasoncology.com).

Sources: American Cancer Society, American Society of Clinical Oncology, Centers for Disease Control and Prevention, National Cancer Institute, Texas Cancer Registry, and U.S. Preventative Services Task Force



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