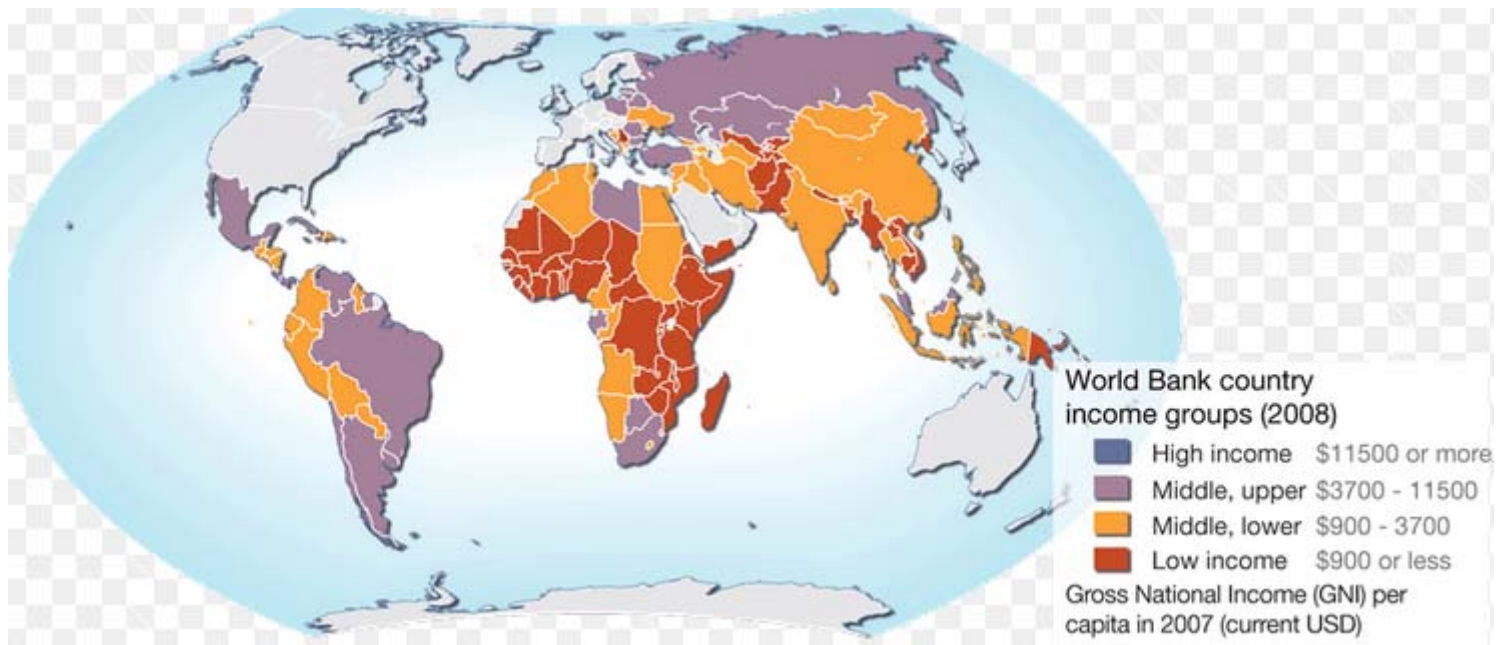


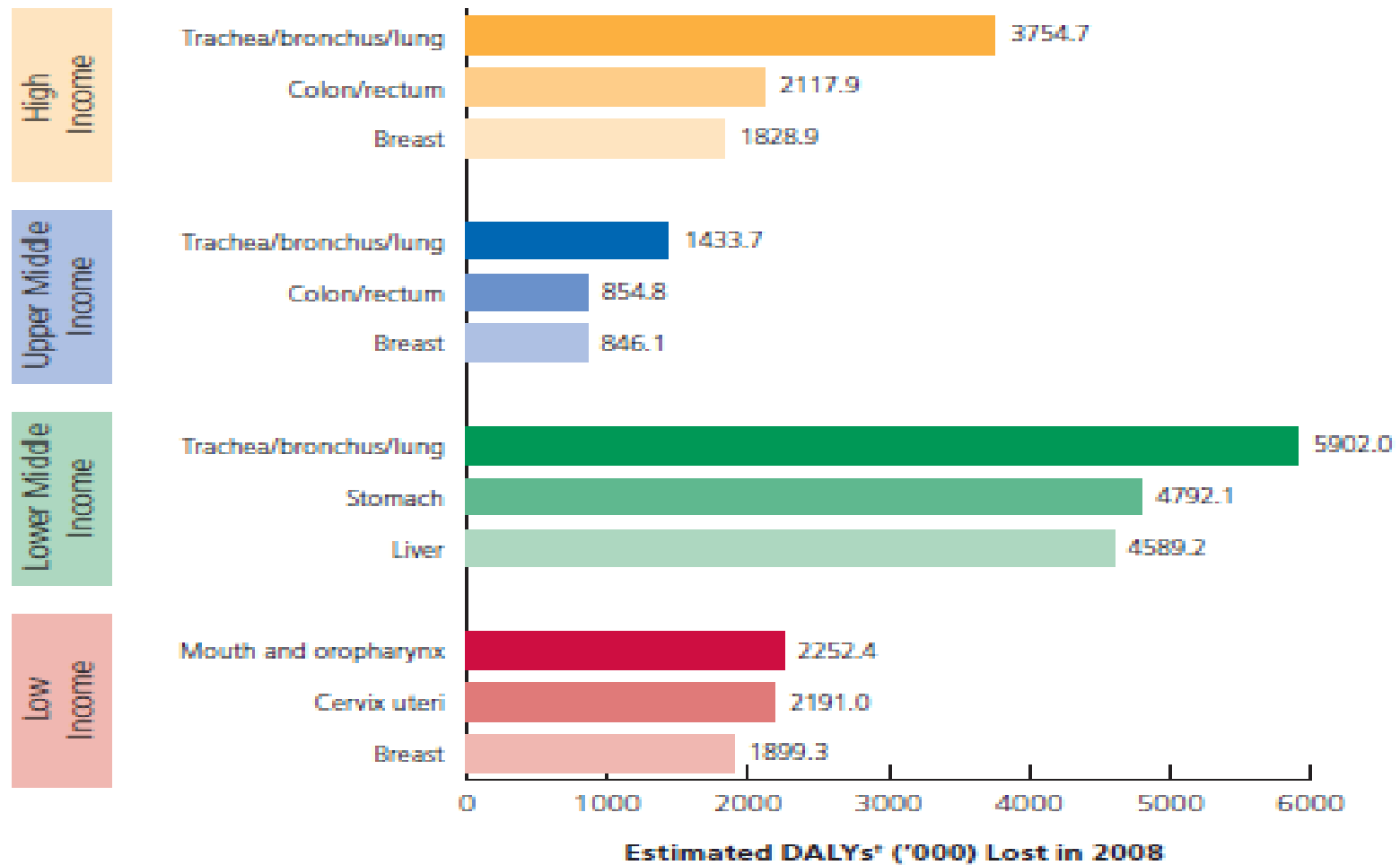
**BREAST CANCER AWARENESS
OCTOBER IS THE MONTH**

**THIS IS INFO ABOUT
GLOBAL
USA
MASSACHUSETTS and its COUNTIES**





Top 3 Cancer Sites for Country-income Groups by DALYs Lost



*Disability-adjusted Life Year

2013 Estimated US Cancer Cases*

**Women
790,740**



Estimated New Cases

232,340 (29%)	Breast
110,110 (14%)	Lung & bronchus
69,140 (9%)	Colon & rectum
49,560 (6%)	Uterine corpus
45,310 (6%)	Thyroid
32,140 (4%)	Melanoma of skin
31,630 (4%)	Non-Hodgkin lymphoma
24,720 (3%)	Kidney & renal pelvis
22,480 (3%)	Ovary
22,240 (3%)	Pancreas

Newly Diagnosed

232,340 invasive breast cancers
64,640 in-situ breast cancers

1-2 million benign breast cases

40,030 estimated breast cancer deaths in 2012

*Excludes basal and squamous cell skin cancers and in-situ carcinomas except urinary bladder.
Source: American Cancer Society Facts and Figures, 2013.

USPSTF Breast Screening Guidelines Spark Uprow

Recommend Fewer Mammograms for Women without Risk Factors

Modality	American Cancer Society Guidelines (2003)	American College of Obstetricians and Gynecologists	USPSTF Guidelines (2002)	USPSTF Guidelines (2009)
Mammography				
40-49 years	Annually, as long as the women remains in good health	Every 1-2 years	Every 1-2 years	Recommends against routine screening
50-74 years		Annually		Every 2 years
75 or older				Insufficient evidence to evaluate
Clinical Breast Examination	Every three years for women 20-39, then annually	Annually for women over 19 years	Insufficient evidence to evaluate	Insufficient evidence to evaluate
Self Breast Examination	"Women should know how their breasts normally look and feel and report any breast change promptly to their health care provider"	"...has the potential to detect palpable breast cancer and can be recommended"	Insufficient evidence to evaluate	Recommends against teaching women to perform

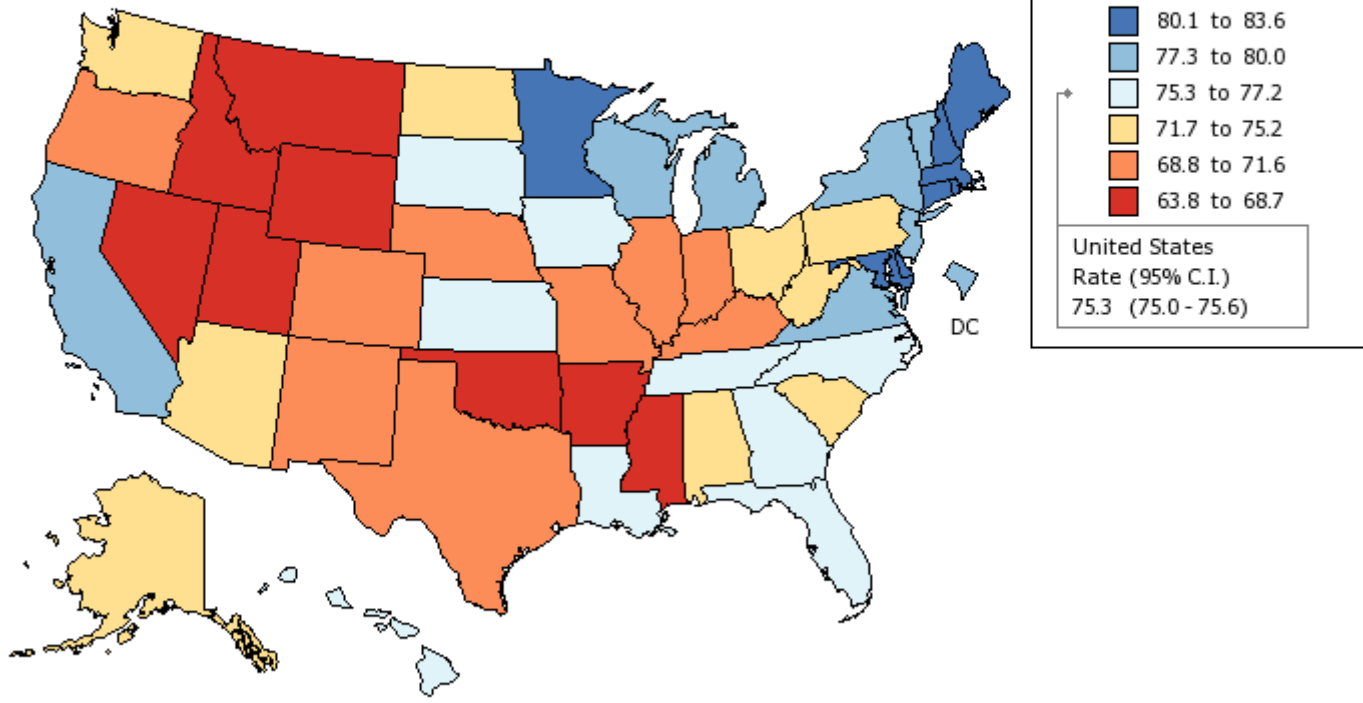
Source: The American Congress of Obstetricians and Gynecologists, available at http://www.acog.org/from_home/Misc/uspstfinterpretation.cfm; "American Cancer Society Guidelines for the Early Detection of Cancer" available at http://www.cancer.org/docroot/PED/content/PED_2_3X_ACS_Cancer_Detection_Guidelines_36.asp?sitearea=PED;

© 2010 The Advisory Board Company. "Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement" *Annals of Internal Medicine*, 151(10) 716-726.

WHAT'S A WOMAN TO DO?

WHAT'S A DOCTOR TO SAY?

**Screening and Risk Factors for United States
(Directly Estimated 2010 BRFSS Data)
Had a Mammogram in Past 2 Years
All Races (includes Hispanic), Female, Ages 40+**



Created by statecancerprofiles.cancer.gov on 09/19/2013 1:22 pm.
BRFSS Survey Data is the source for this data collected by the Behavioral Risk Factor

Table 4. State Variation in Female Breast Cancer Incidence and Mortality Rates* and Mammography Usage by Race

	Non-Hispanic White					African American			
	Recent Mammogram [†] 2008	Incidence [‡] 2004-2008			Mortality [§] 2003-2007	Recent Mammogram [†] 2008	Incidence [‡] 2004-2008		
		Age 40 +, %	% In Situ [¶]	% Regional/ Distant [¶]			Invasive Overall Rate	Overall Rate	Age 40 +, %
	Massachusetts	72.4	25.1	30.8	136.6	23.5	77.3	24.1	39.9
Michigan	64.5	—	—	120.1	23.4	61.6	—	—	119.2
Minnesota	62.3	—	—	127.3	22.0	—	20.1	50.4	109.0
Mississippi	54.7	16.0	38.0	111.7	22.1	56.9	14.9	48.6	115.4
Missouri	56.9	—	—	120.9	25.2	58.5	—	—	125.6
Montana	56.7	19.2	34.5	119.6	21.5	—	—	—	—
Nebraska	58.2	17.7	34.6	126.1	22.3	—	18.1	49.5	129.1
Nevada	53.9	16.2	33.4	115.7	25.7	—	15.8	48.8	104.4
New Hampshire	68.7	22.5	31.2	132.5	23.3	—	—	—	—
New Jersey	63.6	22.5	35.0	138.8	28.0	64.7	20.2	44.4	111.9
New Mexico	57.0	16.3	32.0	124.4	24.4	—	—	47.2	73.2

Hispanic Mammography Rates USA

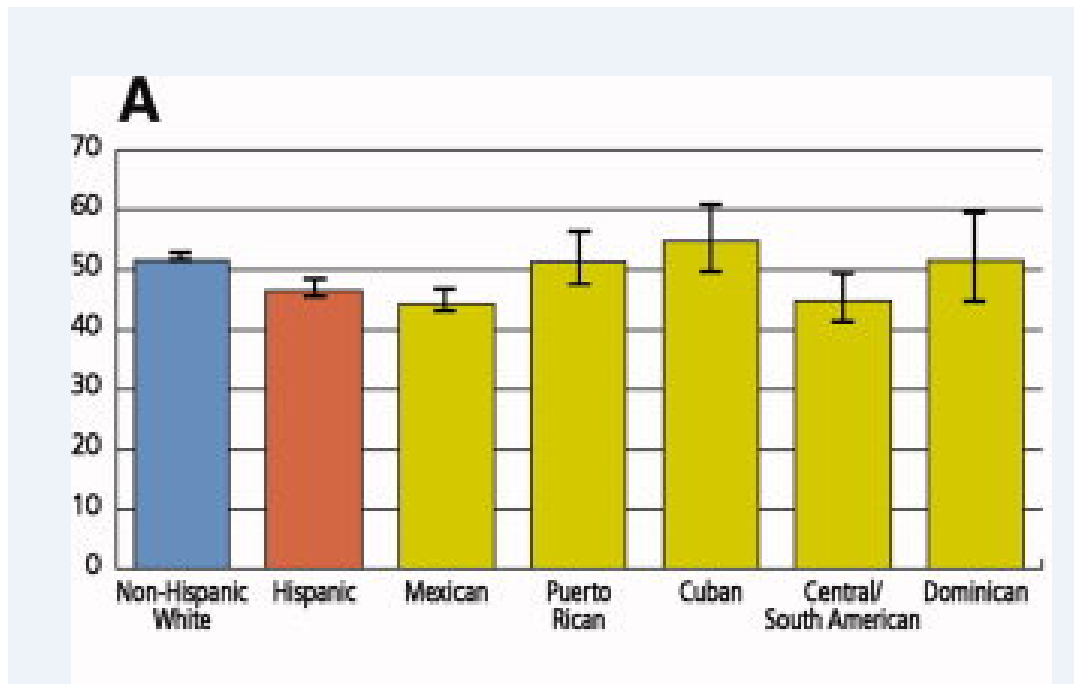


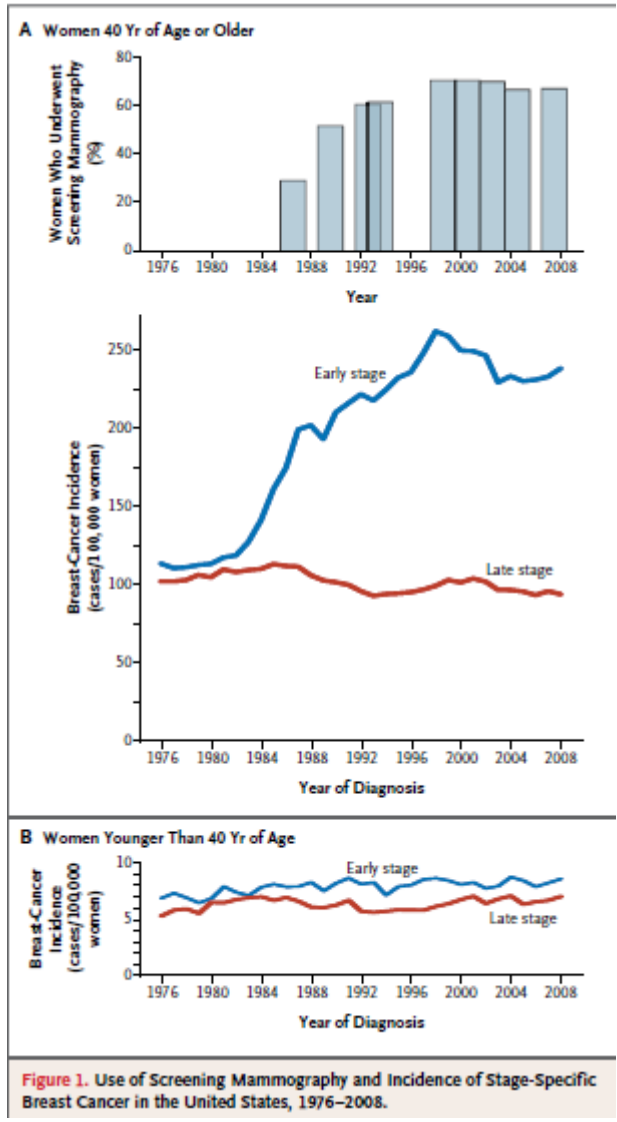
Table 3. Mammography Screening Prevalence* by Poverty Status†, United States, Selected Years, 1987 to 2008

Year	Poverty Status		
	Poor	Near Poor	Non-poor
1987	14.6	20.9	34.9
1990	30.8	39.1	59.2
1991	35.2	44.4	62.2
1993	41.1	47.5	67.3
1994	44.2	48.6	68.5
1998	50.1	56.1	72.6
1999	57.4	59.5	75.0
2000	54.8	58.1	75.9
2003	55.4	60.8	74.3
2005	48.5	55.3	72.5
2008	51.4	55.8	72.8

* Percent of women having a mammogram within the past 2 years.

† Poor persons are defined as those living below the poverty threshold. Near-poor persons have an income of 100% to less than 200% of the poverty threshold. Non-poor persons have an income greater than or equal to 200% of the poverty threshold.

Source: Data for 1987-2005 from Health, United States, 2008.²⁰ Data for 2008: National Health Interview Survey Public Use Data File, National Center for Health Statistics, Centers for Disease Control and Prevention.



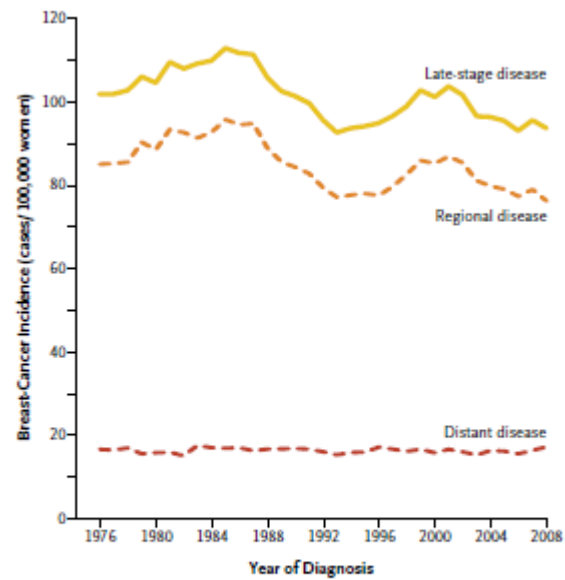
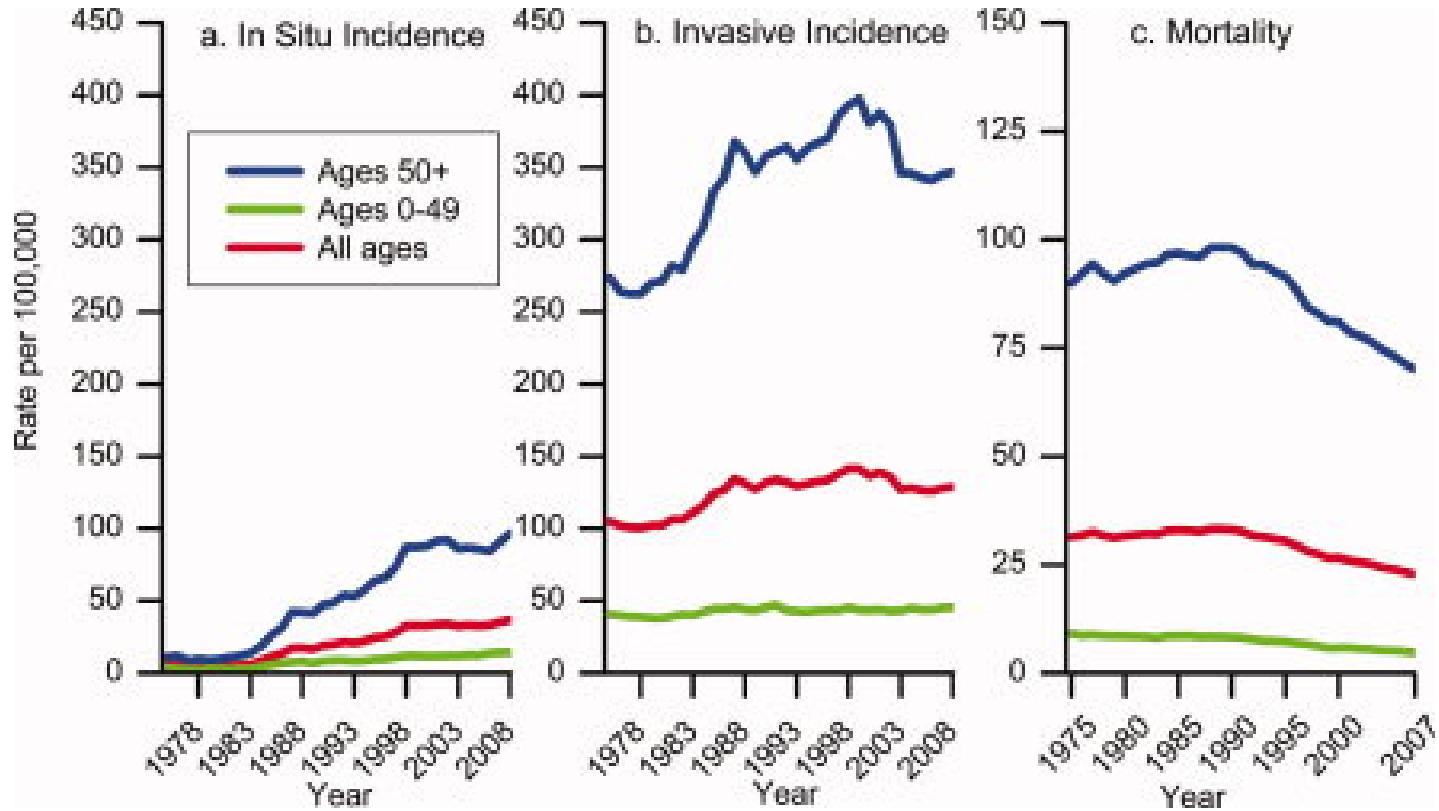
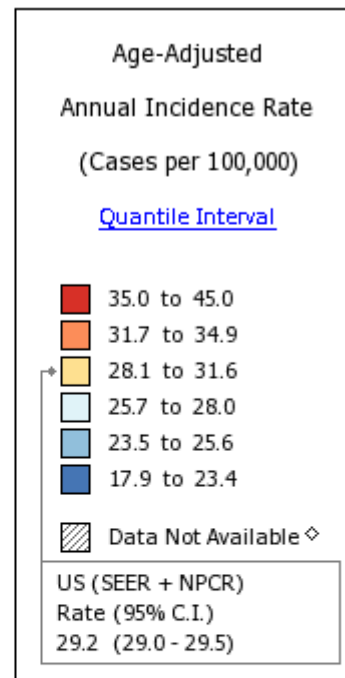
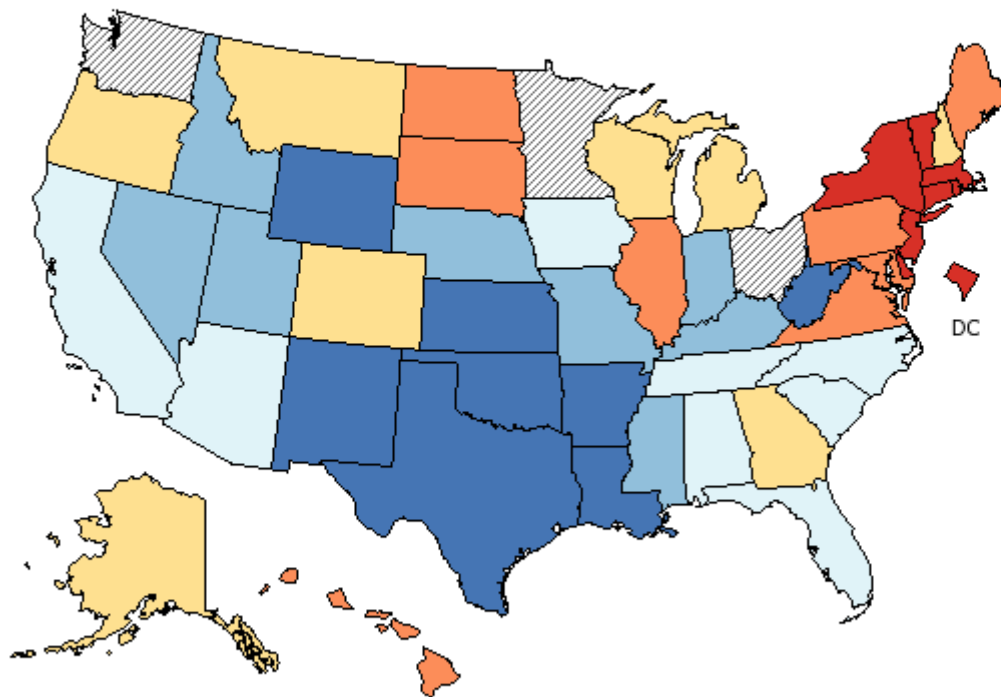


Figure 2. Trends in the Annual Incidence of Late-Stage Breast Cancer and Its Two Components (Regional and Distant Disease) among U.S. Women 40 Years of Age or Older, 1976–2008.

Breast cancer statistics, 2011

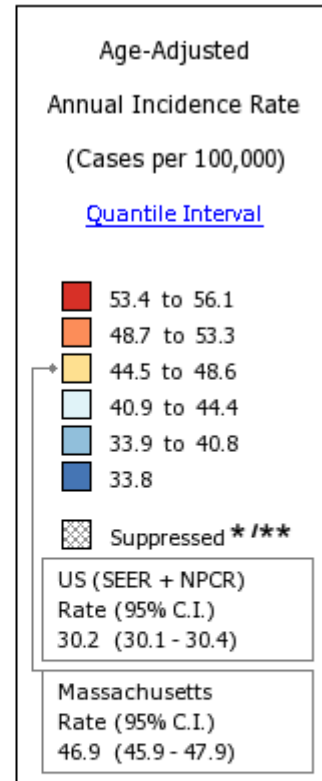
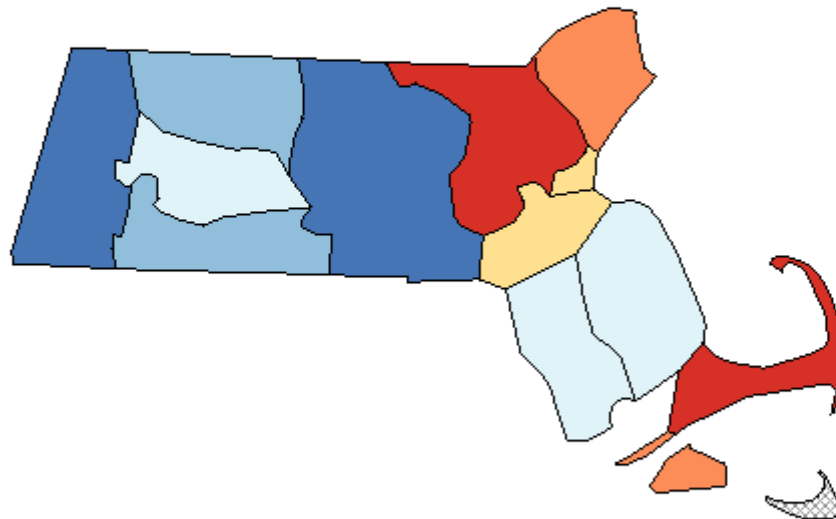


Incidence Rates[†] for United States, 2010
Breast (in situ)
All Races (includes Hispanic), Female, All Ages



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 State Cancer Registries may provide more current or more local data.

Incidence Rates[†] for Massachusetts, 2006 - 2010
Breast (in situ)
All Races (includes Hispanic), Female, All Ages



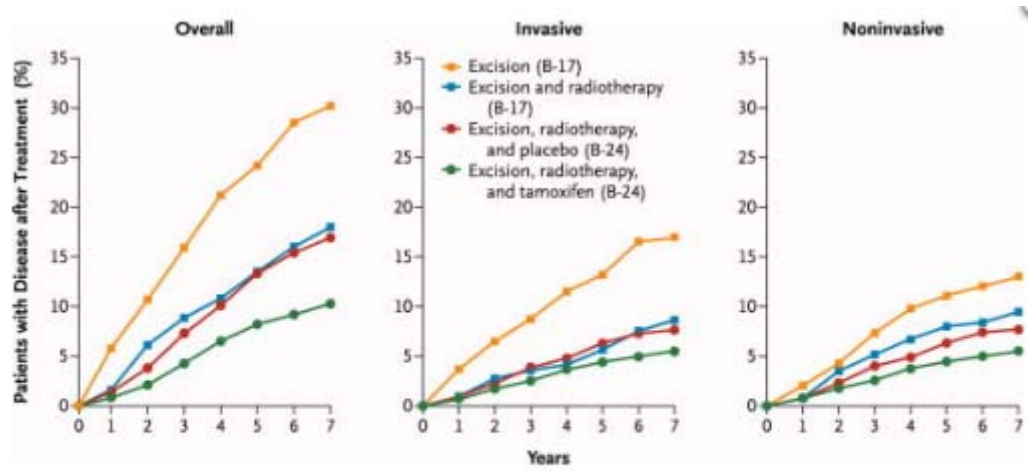
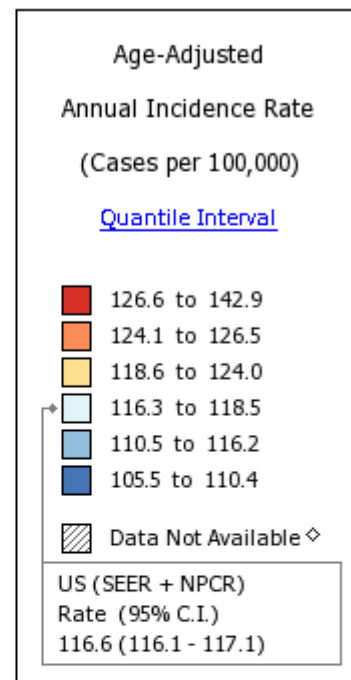
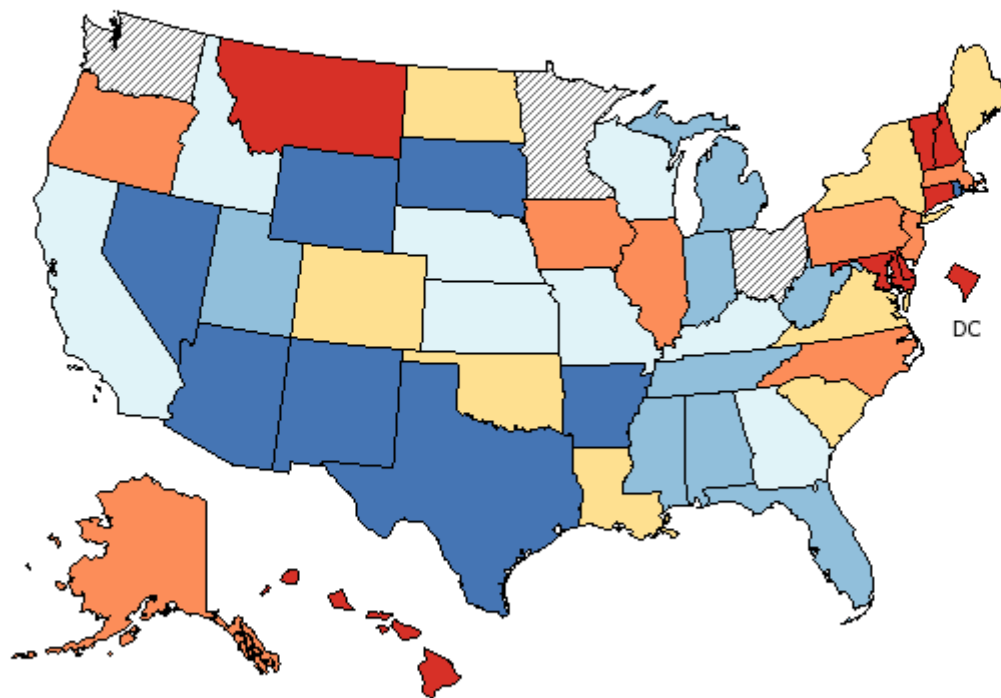


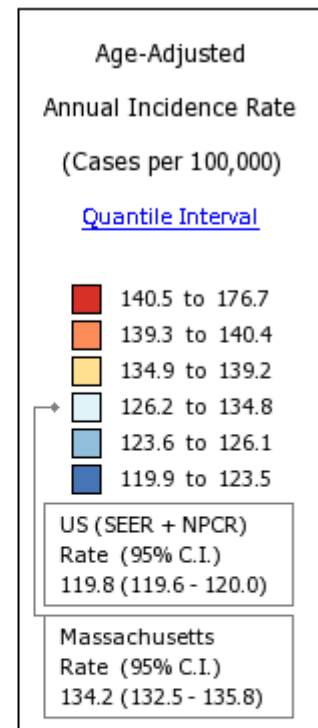
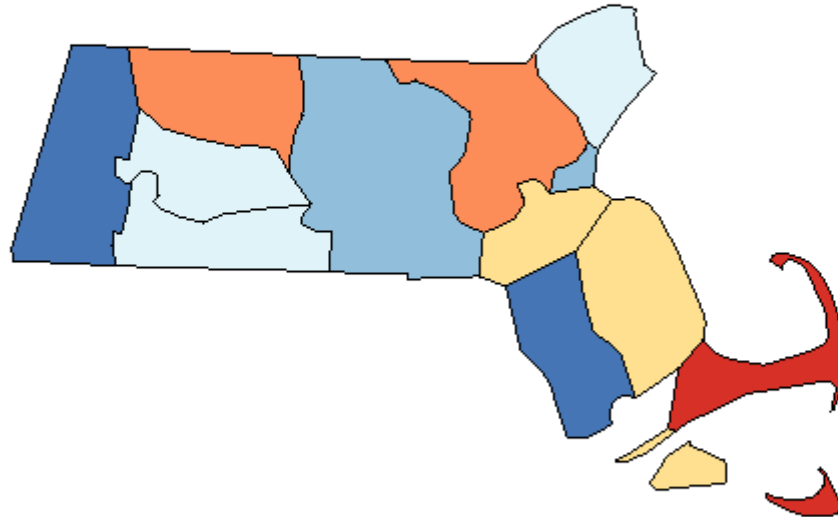
Figure 1. Risk of Recurrence After Ductal Carcinoma In Situ. Adapted from Burstein HJ, Polyak K, Wong JS, Lester SC, Kaelin CM. Ductal carcinoma in situ of the breast. *N Engl J Med.* 2004;350:1430-144113 by Thea Tlsty (2010); Fisher B, Land S, Mamounas E, Dignam J, Fisher ER, Wolmark N. Prevention of invasive breast cancer in women with ductal carcinoma in situ: an update of the National Surgical Adjuvant Breast and Bowel Project experience. *Semin Oncol.* 2001;28:400-418.

Incidence Rates[†] for United States, 2010
Breast
All Races (includes Hispanic), Female, All Ages



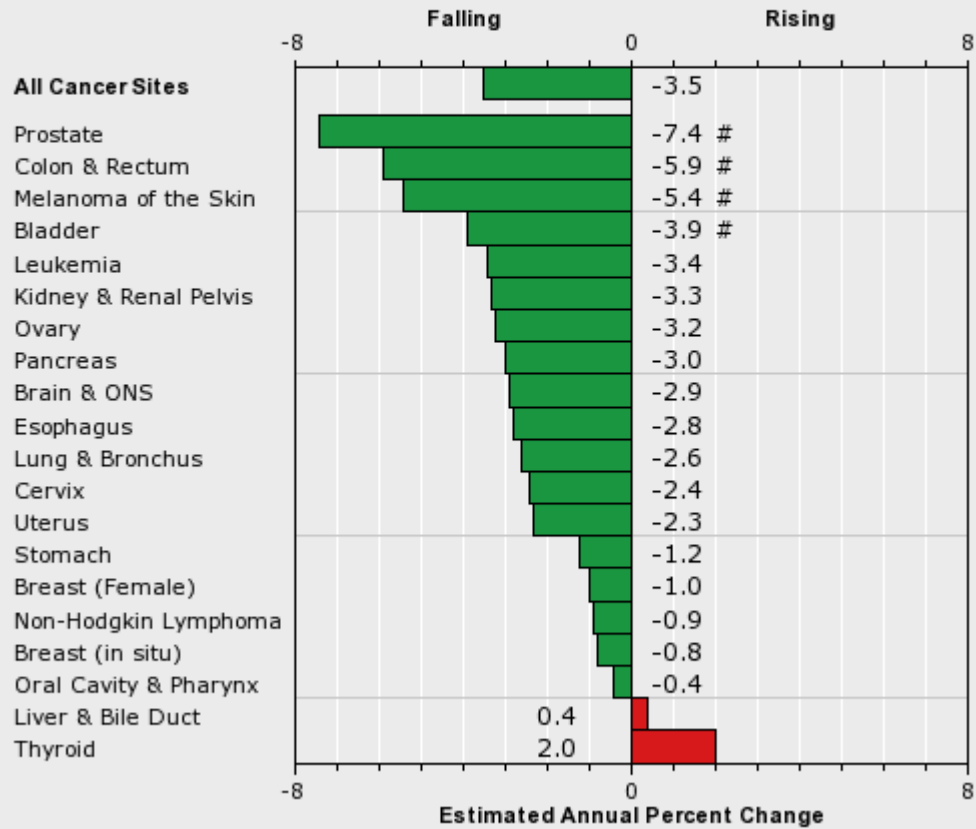
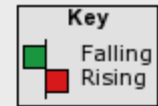
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Incidence Rates[†] for Massachusetts, 2006 - 2010
Breast
All Races (includes Hispanic), Female, All Ages

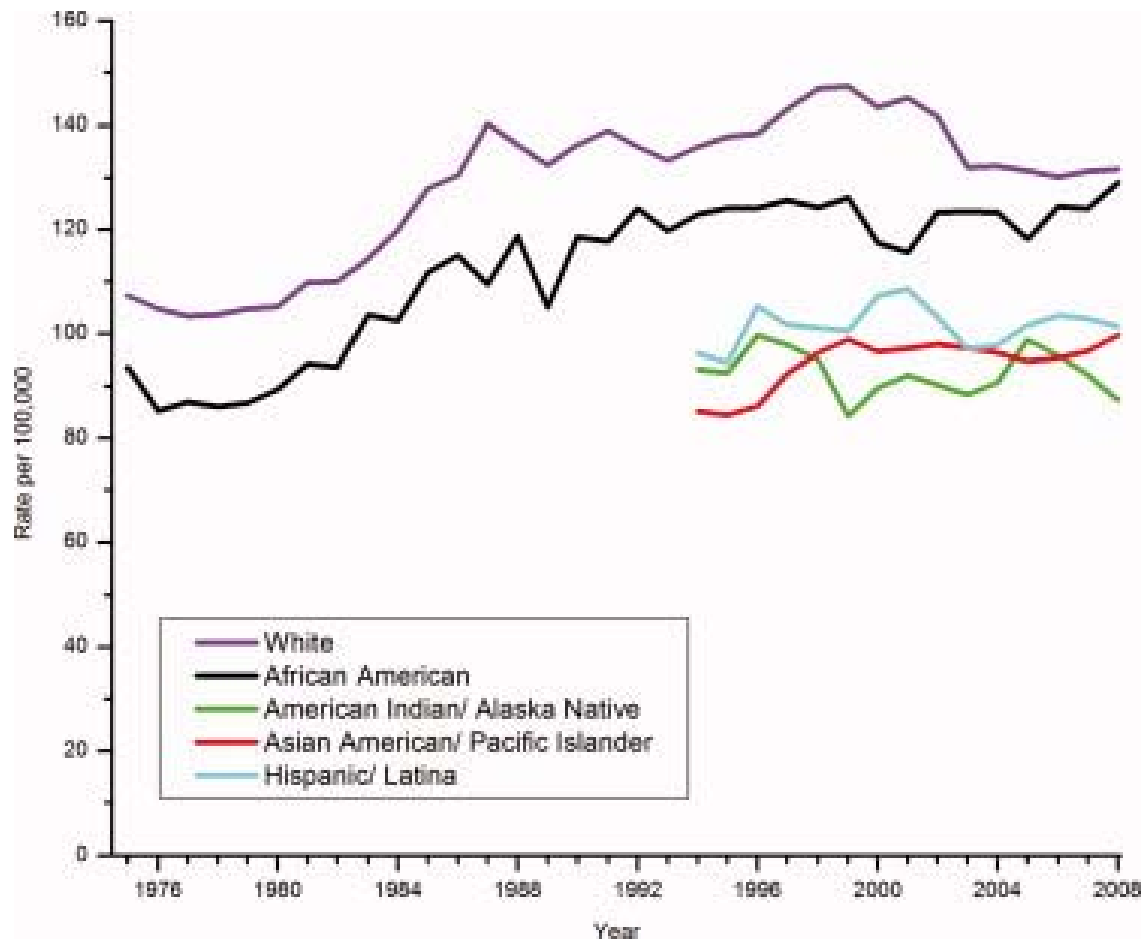


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**5-Year Rate Changes - Incidence
Massachusetts, 2006-2010
All Ages, Both Sexes, All Races (incl Hisp)**



Created by statecancerprofiles.cancer.gov on 09/19/2013 1:08 pm.



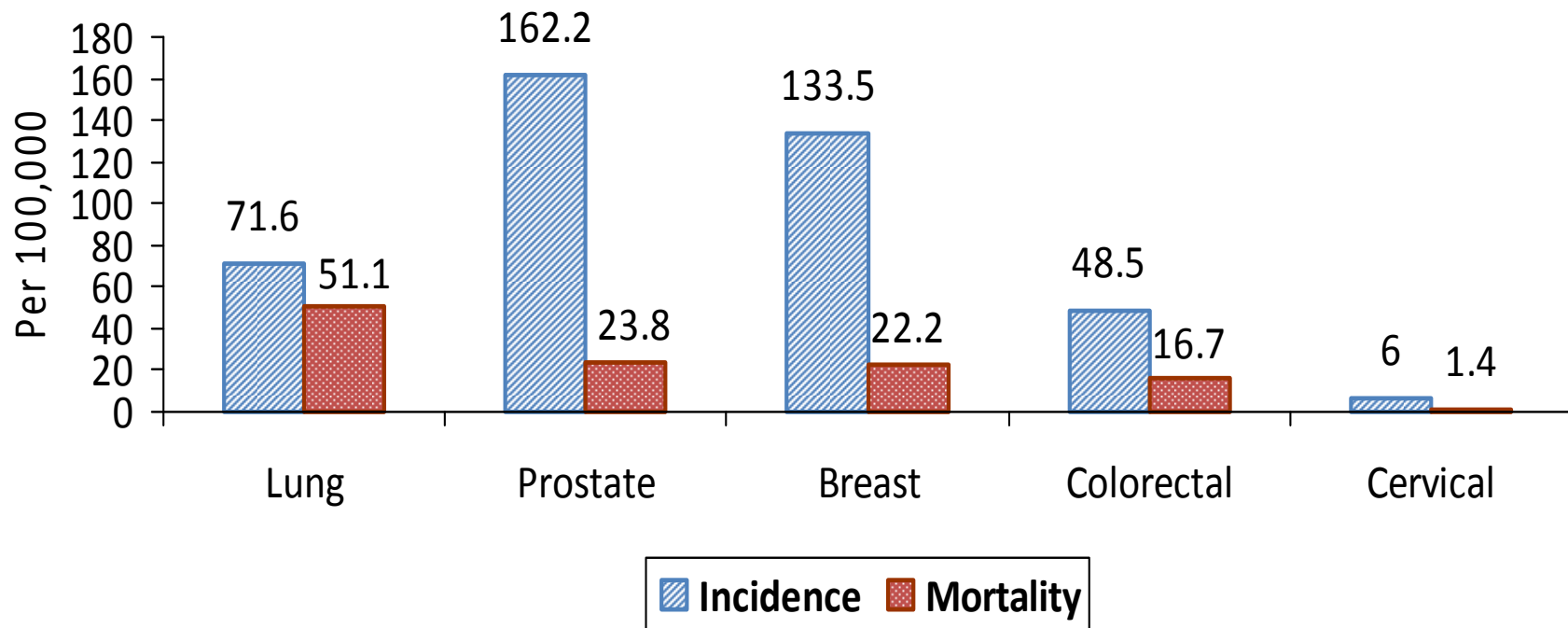
BREAST CANCER INCIDENCE BY RACE



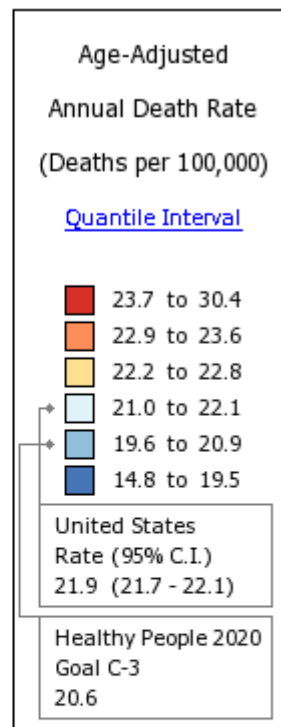
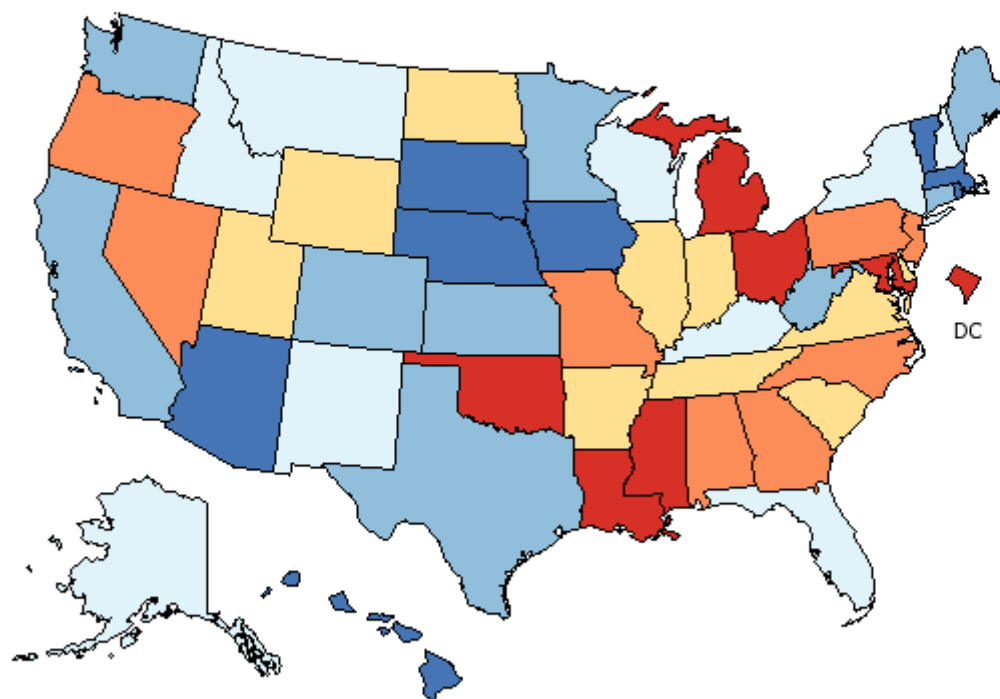
Massachusetts Comprehensive Cancer Prevention & Control Program



Age-Adjusted Incidence and Mortality Rates for Selected Cancers in Massachusetts, 2004-2008

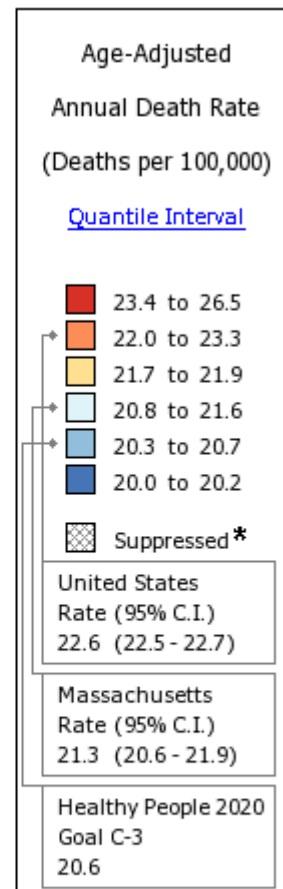
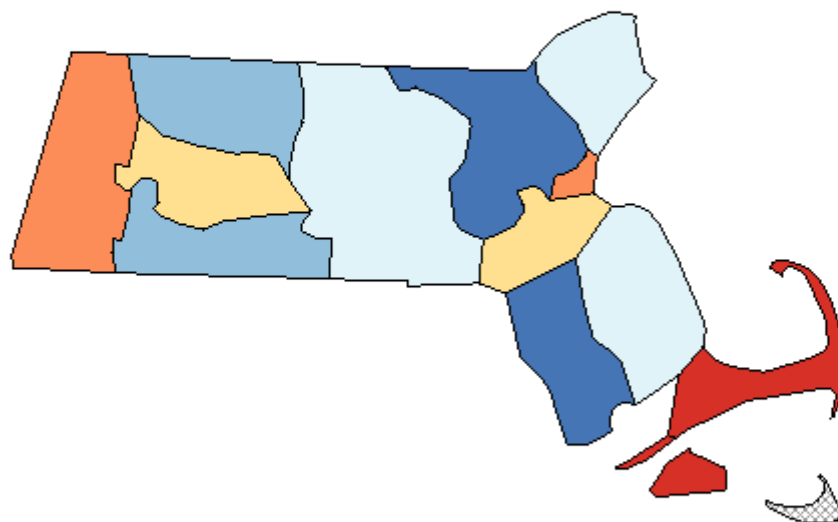


Age-Adjusted Death Rates for United States, 2010
Breast
All Races (includes Hispanic), Female, All Ages



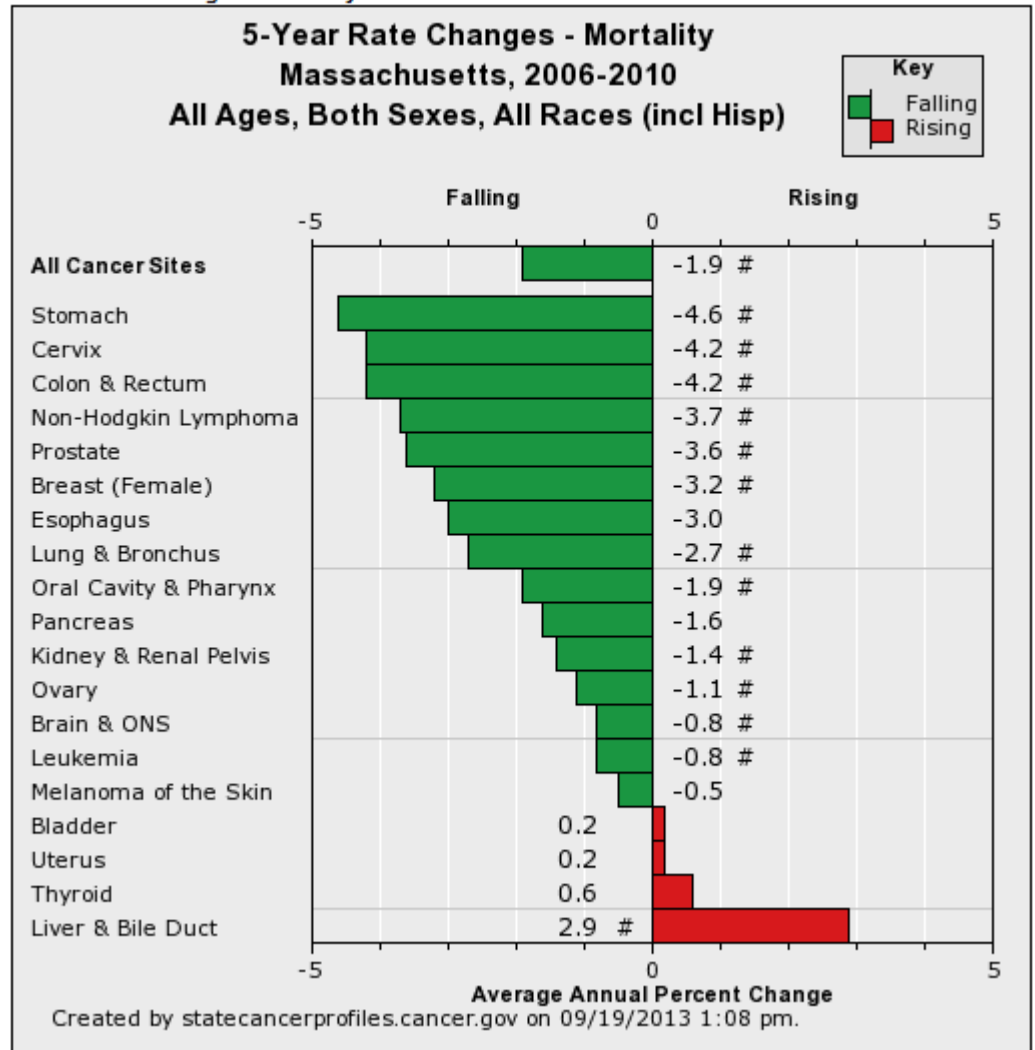
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State Cancer Registries may provide more current or more local data.

Age-Adjusted Death Rates for Massachusetts, 2006 - 2010
Breast
All Races (includes Hispanic), Female, All Ages

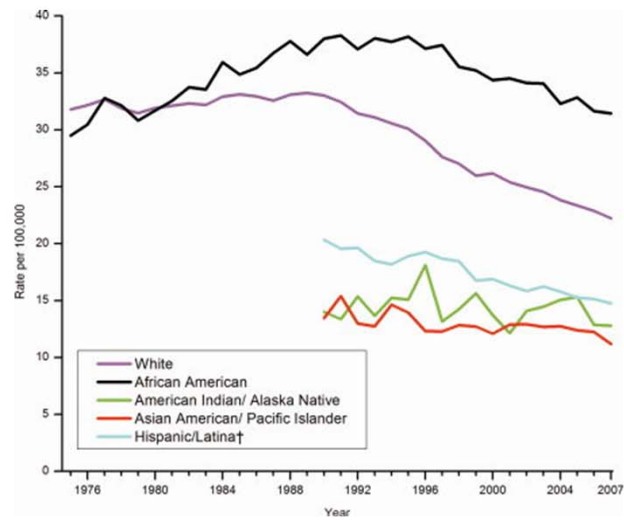


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 State Cancer Registries may provide more current or more local data.

5-Year Rate Changes: Mortality



Breast cancer statistics, 2011

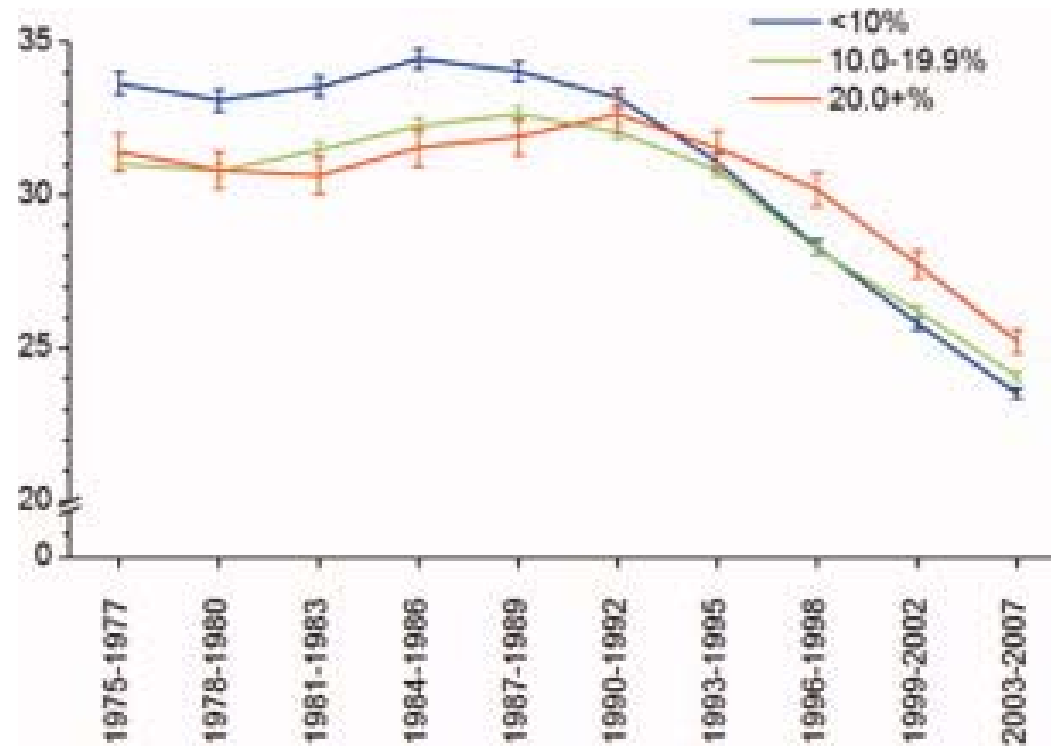


Mortality by Race

CA: A Cancer Journal for Clinicians

Volume 61, Issue 6, pages 408-418, 3 OCT 2011 DOI: 10.3322/caac.20134 MM

<http://onlinelibrary.wiley.com/doi/10.3322/caac.20134/ullnfig3>



Breast cancer statistics, 2011

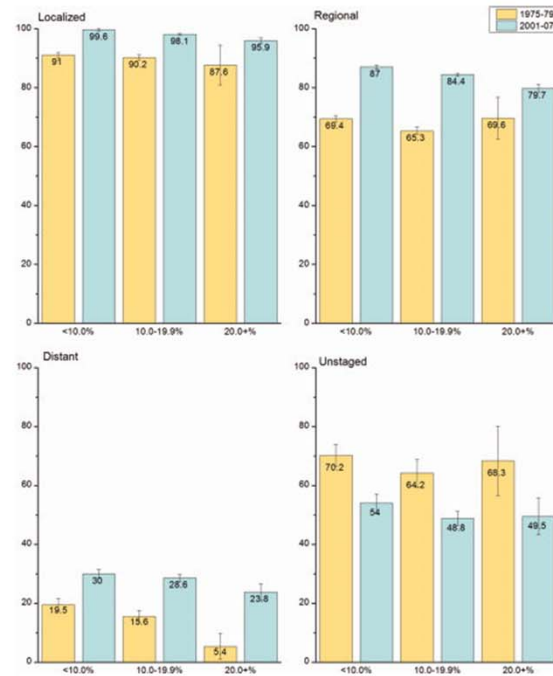
MORTALITY BY COUNTY POVERTY LEVEL

CA: A Cancer Journal for Clinicians

Volume 61, Issue 6, pages 408-418, 3 OCT 2011 DOI: 10.3322/caac.20134

<http://onlinelibrary.wiley.com/doi/10.3322/caac.20134/full#fig4>

Breast cancer statistics, 2011



5 Yr Relative Survival by Stage & Poverty Level

USER TIP SHEET

HCBM Navigation
HCBM TipSheet
HCBM Graphs

HOSPITAL SELECTION

Hosp. Type / System
Geographic Areas

CASE SELECTION

About Case Selection

ANALYSIS VARIABLES

Patient Demograph.
First Crs. Therapy
Tumor Charact.

TERMS AND CONDITIONS

Permissions
Requests

Hospital Comparison Benchmark Reports. Cases Diagnosed 2000 - 2010.

Report Type

Aggregate Report
 Comparison Report

Hospital Selection

VA Medical Center, Providence RI
Community Hospital, Munster IN
 Huntsville Hospital, Huntsville AL
 NCDB Demo Facility, Townsville IL

Case Selection

Site:

Diagnosed Cases

Analysis Variables

Var. 1
 Var. 2
 Var. 3

- Age Group
- Gender
- Race/Ethnicity
- Insurance Status
- Stage
- Histology
- Behavior
- Education (% without HS Deg)
- First Course Treatment
- Household Income
- First Course Surgery
- Radiation Therapy
- Systemic Therapy
- Diagnosis Year
- Charlson Comorbidity Score
- Distance Traveled
- Days to First Rx (Decile)
- Days to First Rx (Quartile)

- Review the appropriate "Terms & Conditions" Agreement in advance of using any text, tables or figures generated from the NCDB Benchmark Reports
- Use of these data and the NCDB Hospital Comparison Benchmarks is strictly limited to registered CoC Datalinks users for this

Breast Clinical Trials

Non Medical Oncologists

A211201 Does Metformin effect Mammo density

RTOG 1014 Can We Repeat Lumpex+Partial Br XRT
for Recurrent Br Ca?

CALGB40903 NeoAdj Letrozole in multifocal DCIS,
Can it allow Lumpex instead of a Total Mastex?

A Z111101 Occult Br Ca by preop MRI, so what?

A Z111102 Can Lumpex's + Whole Br XRT be used for
Multifocal Br Ca?

DFCI106-169 Women < 40 yo with Br Ca
an observational study- how they choose Rx and result

Mastectomy

Since 1997 Rates Increased > 300%

Only 13% Recommended with an Oncologic Indication

9% Patient Decision without any Oncologic Indication

Contributing factors:

- Fear of recurrence

- Impression that post- mastectomy F/U not needed

- Genetic testing- regardless of the result

- Breast Cancer in mother or sister

- MRI use- can we be more selective?

- Repeat Lumpectomy for Margins- can we reduce this?

 - intraop path assessment

 - what is adequate margin

- Immediate reconstruction

Majority of these were contralateral prophylactic mastectomy

THANKS

QUESTIONS?

EMAIL ME peter_hopewood@verizon.net

MAJORITY OF SLIDES ARE FROM

CDC <http://statecancerprofiles.cancer.gov/cgi-bin/quickprofiles/profile.pl?44&001>

American Ca Society- CA A Cancer Journal

<http://onlinelibrary.wiley.com/journal/10.3322/%28ISSN%291542-4863>