



Breast Cancer Fact Sheet

for Health Care Professionals



Breast Cancer in the US^{1, 2}

In women, breast cancer is the most common cancer diagnosed (after skin cancer) and the second-leading cause of cancer death (after lung cancer).

Types of Breast Cancer^{1, 3}

There are several types of breast cancer, including: ductal carcinoma in situ (DCIS), invasive ductal carcinoma (IDC), invasive lobular carcinoma (ILC), triple-negative breast cancer (TNBC), inflammatory breast cancer (IBC), angiosarcoma of the breast, Phyllodes tumor, and Paget disease of the breast.

Risk Factors^{1, 2, 3}

Sex: Both men and women can develop this disease, but being born female is one of the strongest risk factors for breast cancer.

Age: The risk of developing breast cancer increases with age, and most breast cancers are found in women ages 55 or older.

Personal or family history: Breast cancer risk is higher among women with a personal or family history of the disease.

- About 5% to 10% of breast cancers are likely caused by genetic mutations, such as those in the *BRCA1* and *BRCA2* genes.
- Having a first-degree relative (either male or female) with breast cancer increases risk, with higher risk seen in those with 2 or more first-degree relatives with breast cancer.
- Previous history of breast cancer or certain benign breast conditions, such as atypical hyperplasia, can increase risk.

Other Risk Factors^{1, 2, 3}

- Drinking alcohol
- Physical inactivity
- Having dense breast tissue

- Using menopausal hormone therapy with estrogen and progesterone
- Weight gain after age 18 or having excess body weight (for postmenopausal breast cancer)
- A long menstrual history – starting menstruation early or having late menopause
- Not having children, not breastfeeding, or having first child after age 30
- Recent use of certain birth control methods
- Undergoing radiation to the chest before age 30

Screening and Detection^{1, 4, 5}

The American Cancer Society recommends the following guidelines for the early detection of breast cancer in average-risk women:

- **Women ages 40 to 44** should have the option to start annual breast cancer screening with mammograms.
- **Women ages 45 to 54** should get mammograms every year.
- **Women 55 and older** can switch to mammograms every 2 years, or can continue yearly screening.
- Screening should continue as long as a woman is in good health and is expected to live at least 10 more years.
- **All women** should be familiar with the known benefits, limitations, and potential harms linked to breast cancer screening.
- Annual MRIs and mammograms are recommended for **women at high risk of breast cancer**, including women with a strong family history of breast or ovarian cancer; those with a lifetime risk of breast cancer of about 20% to 25% or greater, according to risk assessment tools that are based mainly on family history; those with a known breast cancer gene mutation; and women who were treated with radiation therapy to the chest before age 30.

Signs and Symptoms^{1, 3}

The most common physical sign of breast cancer is a new, painless lump or mass. Sometimes breast cancer spreads to axillary lymph nodes and causes a lump or swelling, even before the original breast tumor is large enough to be felt. Other possible signs and symptoms include breast pain or heaviness; persistent changes, such as swelling, thickening, redness, irritation, or dimpling of the skin; and nipple changes, such as spontaneous discharge (especially if bloody), pain, retraction, redness, or scaliness. Any persistent change in the breast should be evaluated by a physician.

Prevention^{1, 4}

There is no sure way to prevent breast cancer, and some risk factors can't be changed, such as age, race, family history of disease, genetic mutations, and reproductive history. Lifestyle factors, such as avoiding or limiting alcohol, breastfeeding, engaging in regular physical activity, and staying at a healthy weight, are associated with lower risk. Selective estrogen receptor modulators (SERMs), such as tamoxifen and raloxifene, and prophylactic mastectomy can help reduce the risk in some high-risk women.

Treatment^{1, 3, 5}

Treatment options are based on the tumor subtype, stage, and molecular characteristics, along with patient comorbidities. Surgery, radiation therapy, chemotherapy, targeted therapy, and immunotherapy drugs, either in combination or alone, are common treatments that might be used. Visit [cancer.org/breastcancer](https://www.cancer.org/breastcancer) to learn more about treatment options for the different types of breast cancer.

Breast Cancer in the US:

2026 estimates^{1, 2}

New cases:

- Invasive breast cancer in women: 321,910
- Ductal carcinoma in situ (DCIS) in women: 60,730
- Invasive breast cancer in men: 2,670

Deaths: 42,670

- Women: 42,140
- Men: 530

5-year relative survival rate for localized stages: >99%

5-year relative survival rate for all stages combined: 92%

Quality of Life^{2, 3, 6, 7}

Common issues affecting quality of life for patient with breast cancer include uncertainty about treatment options, changes in physical appearance (including hair loss and post surgical effects), concerns about side effects (such as lymphedema, hot flashes, pain, fatigue, depression, sleep difficulties, and sexual and fertility changes), fear of recurrence, changes in lifestyle following treatment, and the burden on finances and loved ones.

A cancer diagnosis can profoundly impact quality of life. **Clinicians should assess for any physical, social, psychological, spiritual, and financial issues.** Integrating palliative care can help manage symptoms, address issues, and improve quality of life. It can be offered at any time, from the point of diagnosis through treatment, and until the end of life. Throughout a person's cancer journey, it's very important for clinicians to share information and coordinate care to ensure surveillance is ongoing.

References

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