



American Cancer Society

National Breast Cancer Roundtable

Day 1: State of the Roundtable
Monday, November 4th



Welcome!

ACS NBCRT Leadership



Chair

Olufunmilayo Olopade, MD, FAACR, OON

Walter L. Palmer Distinguished Service Professor of Medicine and Human Genetics, Associate Dean for Global Health Director, Center for Clinical Cancer Genetics, University of Chicago Medicine

Dr. Olopade's research is focused on gaining a better understanding of the root causes and genomic basis of cancer in diverse populations. She has published extensively on genetic and non-genetic risk factors for breast cancer and is internationally renowned for her work in inherited cancer syndromes and clinical expertise in early detection and prevention of breast cancer in high-risk women.



American Cancer Society Chair

Arif Kamal, MD, MBA, MHS, FAAHPM, FASCO

Chief Patient Officer
American Cancer Society

Dr. Arif Kamal serves as Chief Patient Officer at the American Cancer Society. In this role, Dr. Kamal drives coordinated efforts to accelerate progress against cancer through the organization's patient-, caregiver-, and healthcare professional-facing activities. He leads the American Cancer Society's patient support objectives and the development of strategic plans to measurably improve the lives of people with cancer and their families.

A Message from Dr. Kamal



Dr. Arif Kamal, M.D.

Thank You to Our Sponsors



Agenda Walkthrough

Monday, November 4th

1:00 – 1:10 PM

Welcome and Introductions

Speaker: Dr. Olufunmilayo Olopade

1:10 – 1:30 PM

Reintroducing the Roundtable

Speaker: Dr. Melissa Thomas

1:30 – 1:45 PM

Introduction of New Steering Committee Members and ACS Staff

Speakers: Dr. Melissa Thomas and Sarah Shafir

1:45 – 2:05 PM

Presentation: Breast Cancer Facts & Figures 2024-2025

Speaker: Angela Giaquinto

2:05 – 2:30 PM

ACS National Breast Cancer Roundtable Structure

Speaker: Dr. Melissa Thomas

2:30 – 2:45 PM

Live Survey: We Want to Hear From You

Member Feedback

2:45 – 3:00 PM

Closing Remarks and Next Steps

Speaker: Dr. Melissa Thomas

Ground Rules

- 1 Let Us Know You're Here!**
Please type your full name, the full name of your organization, and your role in the chat box
- 2 Use Zoom Tools to Interact**
You will be muted with your video turned off when you join the call. Use the buttons in the black menu to react, comment, or submit questions.
- 3 Phones & Emails Away**
Please put phones on silent and avoid checking emails. Your full attention is highly valued!
- 4 Confidentiality**
Do not identify or discuss specific patients by name. Please be mindful of our conversation today and respectful of others' privacy.
- 5 Zoom**
To review Zoom's privacy policy, please visit zoom.us/privacy.



Reintroducing the Roundtable

ACS NBCRT Timeline

February 2022
President Biden Relaunches
Cancer Moonshot Calling for
Additional Cancer Roundtables



January - March 2022
Planning Cohorts and
Listening Sessions



August 2022 - February 2023
Formative Research



March - April 2023
Workgroup
Recruitment



September 2023
Inaugural Strategic
Plan Meeting



2024
Implementation and
Priority Task Groups



February 2022
ACS Announces Plans to
Launch Two New
Roundtables Focused on
Breast and Cervical Cancers



October 2022
Official Launch of the ACS
National Breast Cancer
Roundtable at the White House



February 2023
Finalize Priorities



May - August 2023
Convene Workgroups



October - December 2023
Strategic Plan Open for
Public Comment and
Final Revisions

ACS NBCRT Snapshot



History: Established by the ACS in 2022 to serve as an umbrella organization to engage all types of stakeholders who are committed to save more lives from breast cancer



Vision: Transform breast cancer across the continuum to achieve optimal outcomes for every person



Membership: Collaborative partnership of 110+ member organizations, including nationally known experts, thought leaders, and decision makers



Operations: Work is conducted year-round by Strategic Priority Teams and in Special Topic Meetings



Convening: Each year the **ACS NBCRT Annual Meeting** will take place to address important topics and set the agenda for the following year

ACS NBCRT Strategic Priority Areas



Risk Assessment, Screening, Risk Reduction, & Early Diagnosis

Increasing risk assessment, risk reduction, and early intervention strategies will reduce breast cancer incidence and advanced-stage disease.



Access to Treatment

Providing all patients access to compassionate, timely, and high-quality breast cancer care will improve patient quality of life and survival.



Clinical Trials

Advancing equity in clinical trials through rapid, drastic, and intentional improvements in diversity in participation, expansion of research, and targeted trials will result in measurable improved outcomes for all populations.



Support and Wellness Services

Early identification and integration of support and wellness services for breast cancer patients and their caregiver(s) through the continuum of care will improve treatment, recovery, and quality of life.

2024 Goal and Deliverables

Goal

Launch the ACS NBCRT Strategic Plan and advance collective action of membership.

Deliverables



Finalize and launch strategic plan – **Q1**



Finalize priority projects with Steering Committee and Priority Teams– **Q2**



Recruit new ACS NBCRT Team Members – **Q3**



Hold a summit engaging membership– **Q4 (Virtual, November 4 and 13)**



Launch project advisory groups and move initial activities forward – **Q4**

Introducing

New Steering Committee Members and ACS Staff

New Steering Committee Members



Stephanie Graff, MD, FACP, FASCO

Director of Breast Oncology
Lifespan Cancer Institute

Dr. Stephanie Graff, MD, FACP, FASCO is the Director of Breast Oncology at Lifespan Cancer Institute and Legorreta Cancer Center at Brown University in Providence, Rhode Island. Dr. Graff is an Associate Professor of Medicine at the Warren-Alpert School of Medicine and co-leads the Breast Cancer Translational Research Disease Working Group. Prior to joining the team at Lifespan/Brown in 2021, she was Associate Director of the Breast Cancer Research Program at Sarah Cannon Research Institute and National Breast Lead for the Sarah Cannon Cancer Network's clinical programs. In addition, Dr. Graff serves as a medical advisor to the Dr. Susan Love Foundation for Breast Cancer Research and is a contributing author on the 7th Edition of Dr. Susan Love's Breast Book.



Erika Hamilton, MD

Chair, Breast Executive Committee
Sarah Cannon Research Institute

Dr. Hamilton oversees the research program and clinical trial menu for gynecologic and breast cancer from a medical oncology perspective. Dr. Hamilton is a past chair of ASCO's Scientific Breast Committee a '21-'22, participant of the ASCO Leadership Development Program, Associate Editor for Clinical Breast Cancer, co-chair for Great Debates and Updates in Women's Oncology Conference and a board member of the Susan G. Komen Foundation of Central Tennessee. She is a member of the European Society of Medical Oncology, American Association for Cancer Research (AACR), American Society of Clinical Oncology (ASCO) and American Medical Association.

New Steering Committee Members



Tia Newcomer
CEO, Caringbridge

As CEO, Tia ensures that all operations contribute toward the CaringBridge vision — a world where no one goes through a health journey alone. She joined the team in 2021, passionate about building on the 25-year CaringBridge legacy and leading the team in finding the next opportunities for growth that exponentially help more families with their health journeys. Prior to joining CaringBridge, she was Chief Commercial Officer at Generate Life sciences and has spent the last decade in executive healthcare industry roles (Cord Blood Registry, Prelude Fertility, Kindara) with a foundation in technology and consumer packaged goods (Hewlett Packard, Frito Lay, Clorox, Revlon).



Nancy U Lin, MD
Medical Oncologist
Breast Oncology Center, Brigham and Women's and Dana-Farber

Dr. Lin is an internationally recognized medical oncologist specializing in the care of patients with all stages of breast cancer. Her research focuses on improving the outcomes of people living with metastatic breast cancer, including a particular focus on the challenge of breast cancer brain metastases. She has led multiple clinical trials which have led to new treatment options for patients with metastatic breast cancer. In 2005, she joined the staff of Brigham and Women's and Dana-Farber, where she is a medical oncologist and clinical investigator in the Breast Oncology Center. She mentors students, residents, and fellows at Harvard Medical School and Dana-Farber.

Welcome New ACS NBCRT Staff



Melissa Thomas, PhD, MSPH, MSA, MCHES
Strategic Director, ACS NBCRT
American Cancer Society

Email: melissa.thomas@cancer.org
Phone: 614.545.8863

Dr. Thomas brings more than 25 years of experience to ACS, leading health disparities research and program initiatives almost exclusively on breast cancer with a community-led and volunteer-engaged focus. During her tenure, she developed and led Project Hoffnung (Hope), a culturally competent breast health program to increase breast cancer screening among Amish and Mennonite communities.

Most recently, she served as project director for the Ohio Breast and Cervical Cancer Early Detection program. She was formerly an assistant professor at Ohio University Heritage College of Osteopathic Medicine where she leads research projects on breast cancer education and health disparities in underserved communities, including rural, Appalachian, and LGBTQ+ communities.



Lilly Meier, MA
Program Manager, ACS NBCRT
American Cancer Society

Email: lilly.meier@cancer.org
Phone: 404.775.7518

Lilly brings over six years of experience in healthcare project management and nonprofit development, with a strong background in oncology and community outreach. Most recently, she served as Program Manager of Provider Education at the Association of Cancer Care Centers (ACCC), where she successfully led oncology education programs aimed at improving the quality of cancer care in rural settings.

While supporting her mother through breast cancer treatment in 2016, Lilly developed a passion for increasing access to timely, high-quality care and supportive services for all cancer patients.

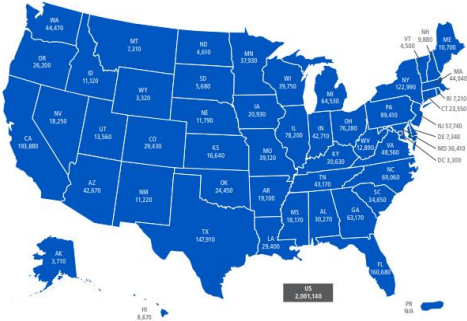
Breast Cancer Statistics 2024

National Breast Cancer Roundtable
Angela Giaquinto, MSPH



November 4th, 2024

Cancer Facts & Figures 2024



Estimated number of new cancer cases for 2024, excluding basal cell and squamous cell skin cancers and *in situ* carcinoma except urinary bladder. Estimates are not available for Puerto Rico.
Note: Incidence counts are model-based projections and should be interpreted with caution. State estimates may not equal US total due to rounding.
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Special Section: Cancer in People Who Identify as Lesbian, Gay, Bisexual, Transgender, Queer, or Gender-nonconforming – see page 32

Cancer treatment and survivorship statistics, 2022

Kimberly D. Miller, MPH¹; Leticia Nogueira, PhD, MPH²; Theresa Dossola, PhD³; Angela R. Margolis, PhD⁴; K. Miller Yabroff, PhD⁵; Ahmed Jamal, DVM PhD⁶; Joan Kramer, MD⁷; Rebecca L. Siegel, MPH⁸

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The last 2 authors contributed equally to this article.

DISCLOSURES: Kimberly D. Miller, Leticia Nogueira, K. Miller Yabroff, Ahmed Jamal, and Rebecca L. Siegel are employed by the American Cancer Society, which receives grants from private and corporate foundations. Including foundations associated with members of the health sector for... The authors are not funded by or have received any honoraria or fees from any of these groups, and their salaries are solely funded through American Cancer Society funds. A. Jamal Yabroff serves on the Patient Health Equity Advisory Board and receives honoraria for his research. Theresa Dossola, Angela Margolis, and Joan Kramer report no conflicts of interest.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the American Cancer Society.
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Abstract: The number of cancer survivors continues to increase in the United States due to the growth and aging of the population as well as advances in early detection and treatment. To assist the public health community in better serving these individuals, the American Cancer Society and the National Cancer Institute collaborate annually to estimate cancer prevalence in the United States using incidence and survival data from the Surveillance, Epidemiology, and End Results cancer registries, vital statistics from the Centers for Disease Control and Prevention's National Center for Health Statistics, and population projections from the US Census Bureau. Current treatment patterns based on information in the National Cancer Database are presented for the most prevalent cancer types by race, and cancer-related and treatment-related side effects are also briefly described. More than 18 million Americans (8.3 million males and 9.7 million females) with a history of cancer were alive on January 1, 2022. The 3 most prevalent cancers are prostate (3,523,230), melanoma of the skin (260,640), and colon and rectum (274,450) among males and breast (4,055,770), uterine corpus (891,560), and thyroid (823,800) among females. More than one-half (53%) of survivors were diagnosed within the past 10 years, and two-thirds (67%) were aged 65 years or older. One of the largest racial disparities in treatment is for rectal cancer, for which 41% of Black patients with stage I disease receive preoperative or preoperative compared to 64% of White patients. Surgical receipt is also substantially lower among Black patients with non-small cell lung cancer, 49% for stages I-II and 16% for stage III versus 53% and 22% for White patients, respectively. These treatment disparities are exacerbated by the fact that Black patients continue to be less likely to be diagnosed with stage I disease than White patients for most cancers, with some of the largest disparities for female breast (5.0% vs 4.8%) and endometrial (19% vs 7.3%). Although there are a growing number of tools that can assist patients, caregivers, and clinicians in navigating the various phases of cancer survivorship, further evidence-based strategies and equitable access to available resources are needed to mitigate disparities for communities of color and optimize care for people with a history of cancer. *CA Cancer J Clin.* 2022;72:409-436.

Keywords: prevalence, statistics, survivorship, treatment patterns

Introduction

The number of cancer survivors continues to grow in the United States, primarily as a result of the combined effects of a growing and aging population as well as increases in cancer survival due to advances in early detection and treatment. Many cancer survivors must cope with the physical effects of cancer and its treatment, potentially leading to functional and cognitive impairment as well as other psychological and economic sequelae.¹ To help the public health community better serve this unique population, the American Cancer Society collaborates triennially with the National Cancer Institute to estimate complete cancer prevalence in the United States for the most common cancers in the current year. Statistics on contemporary treatment patterns and survival as well as information about issues related to survivorship, including challenges caused by the coronavirus disease 2019 (COVID-19)

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Cancer statistics for African American/Black People 2022

Angela N. Gagliardi, MSPH¹; Kimberly D. Miller, MPH²; Katherine Y. Tossas, PhD, MSP³; Robert A. Winn, MD⁴; Ahmed Jamal, DVM, MPH⁵; Rebecca L. Siegel, MPH⁶

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DISCLOSURES: Angela N. Gagliardi, Katherine Y. Tossas, PhD, MSP, and Rebecca L. Siegel are employed by the American Cancer Society, which receives grants from private and corporate foundations, including foundations associated with members of the health sector for research studies of the disparities issue. No authors are funded by or have received any of these grants, and their salaries are solely funded through American Cancer Society funds. Katherine Y. Tossas and Robert A. Winn report no conflicts of interest.

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doi: 10.3322/caac.21718. Available online at cancerjournal.com

Abstract: African American/Black individuals have a disproportionate cancer burden, including the highest mortality and the lowest survival of any racial/ethnic group for most cancers. Every 3 years, the American Cancer Society estimates the number of new cancer cases and deaths for Black people in the United States and compiles the most recent data on cancer incidence (from 2018), mortality (through 2019), survival, screening, and risk factors using population-based data from the National Cancer Institute and the Centers for Disease Control and Prevention. In 2022, there will be approximately 224,090 new cancer cases and 78,840 cancer deaths among Black people in the United States. During the most recent 5-year period, Black men had a 6% higher incidence rate but 19% higher mortality than White men overall, including an approximately 2-fold higher risk of death from myeloma, stomach cancer, and prostate cancer. The overall cancer mortality disparity is narrowing between Black and White men because of a sharper drop in Black men for lung and prostate cancers. However, the decline in prostate cancer mortality in Black men slowed from 5% annually during 2010 through 2014 to 1.3% during 2015 through 2019, likely reflecting the 5% annual increase in advanced-stage diagnoses since 2012. Black women have an 8% lower incidence rate than White women but a 12% higher mortality; further, mortality rates are 4-fold higher for endometrial cancer and 41% higher for breast cancer despite similar or lower incidence rates. The wide breast cancer disparity reflects both later stage diagnosis (57% localized stage vs 67% in White women) and lower 5-year survival overall (82% vs 92%, respectively) and for every stage of disease (eg, 20% vs 30%, respectively, for distant stage). Breast cancer surpassed lung cancer as the leading cause of cancer death among Black women in 2019. Targeted interventions are needed to reduce stark cancer inequalities in the Black community.

Keywords: African Americans, Black people, cancer statistics, incidence, mortality

Introduction

The Black population is the third largest racial/ethnic group in the United States after Hispanic people, accounting for approximately 14% of the total population in 2020.¹ This group includes African Americans, whose ancestors were brought to the United States involuntarily as slaves, Caribbean Americans, and recent immigrants of African descent. Although racial classification is a social construct based on phenotype, it remains useful for describing health patterns in the United States because of its association with the social determinants of health resulting from systemic racism as well as genetic ancestry.² Collectively, African American/Black people have higher mortality than any other broadly defined racial/ethnic group³ for most cancers and other leading causes of death, including heart disease, stroke, and diabetes (Table 1). These disparities are driven by lower socioeconomic status (SES),⁴ which is associated with a higher prevalence of risk factors for cancer and other diseases, as well as less access to high-quality health care, largely because of inadequate health insurance.⁵ According to most US Census Bureau data, 19% of Black people lived below the federal poverty level and 20% had completed 4 years of college, compared to 7% and 41%, respectively, of White people.^{6,7}

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ARTICLE

Colorectal cancer statistics, 2023

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Abstract

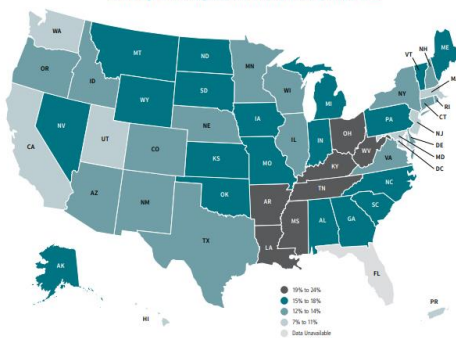
Colorectal cancer (CRC) is the second most common cause of cancer death in the United States. Every 3 years, the American Cancer Society provides an update of CRC statistics based on incidence from population-based cancer registries and mortality from the National Center for Health Statistics. In 2023, approximately 153,020 individuals will be diagnosed with CRC and 52,550 will die from the disease, including 19,550 cases and 3750 deaths in individuals younger than 50 years. The decline in CRC incidence slowed from 3%-4% annually during the 2000s to 1% annually during 2011-2019, driven partly by an increase in individuals younger than 55 years of 1%-2% annually since the mid-1990s. Consequently, the proportion of cases among those younger than 55 years increased from 11% in 1995 to 20% in 2019. Incidence since circa 2010 increased in those younger than 65 years for regional-stage disease by about 2%-3% annually and for distant-stage disease by 0.5%-3% annually, reversing the overall shift to earlier stage diagnosis that occurred during 1995 through 2005. For example, 60% of all new cases were advanced in 2019 versus 52% in the mid-2000s and 57% in 1995, before widespread screening. There is also a shift to left-sided tumors, with the proportion of rectal cancer increasing from 27% in 1995 to 31% in 2019. CRC mortality declined by 2% annually from 2011-2020 overall but increased by 0.5%-2% annually in individuals younger than 50 years and in Native Americans younger than 65 years. In summary, despite continued overall declines, CRC is rapidly shifting to diagnosis at a younger age, at a more advanced stage, and in the left colon/rectum. Progress against CRC could be accelerated by uncovering the etiology of rising incidence in generations born since 1950 and increasing access to high-quality screening and treatment among all populations, especially Native Americans.

KEYWORDS: colon and rectum neoplasms, early-onset colorectal cancer, epidemiology, health disparities, screening and early detection

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wileyonlinelibrary.com/journal/caac 203

Cancer Prevention & Early Detection Facts & Figures 2023-2024

Current* Cigarette Smoking (%), Adults 18 Years and Older by State, US, 2021



*Year smoked 100 cigarettes or fewer and now smoke every day or some days.
Source: Behavioral Risk Factor Surveillance System, 2021.

cancer.org/statistics

Breast Cancer Facts & Figures

2024-2025



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ARTICLE

Breast cancer statistics 2024

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Abstract

This is the American Cancer Society's biennial update of statistics on breast cancer among women based on high-quality incidence and mortality data from the National Cancer Institute and the Centers for Disease Control and Prevention. Breast cancer incidence continued an upward trend, rising by 1% annually during 2012–2021, largely confined to localized-stage and hormone receptor-positive disease. A steeper increase in women younger than 50 years (1.4% annually) versus 50 years and older (0.7%) overall was only significant among White women. Asian American/Pacific Islander women had the fastest increase in both age groups (2.7% and 2.5% per year, respectively); consequently, young Asian American/Pacific Islander women had the second lowest rate in 2000 (57.4 per 100,000) but the highest rate in 2021 (86.3 per 100,000) alongside White women (86.4 per 100,000), surpassing Black women (81.5 per 100,000). In contrast, the overall breast cancer death rate continuously declined during 1989–2022 by 44% overall, translating to 517,900 fewer breast cancer deaths during this time. However, not all women have experienced this progress; mortality remained unchanged since 1990 in American Indian/Alaska Native women, and Black women have 38% higher mortality than White women despite 5% lower incidence. Although the Black-White disparity partly reflects more triple-negative cancers, Black women have the lowest survival for every breast cancer subtype and stage except localized disease, with which they are 10% less likely to be diagnosed than White women (58% vs. 68%), highlighting disadvantages in social determinants of health. Progress against breast cancer could be accelerated by mitigating racial, ethnic, and social disparities through improved clinical trial representation and access to high-quality screening and treatment.

KEYWORDS

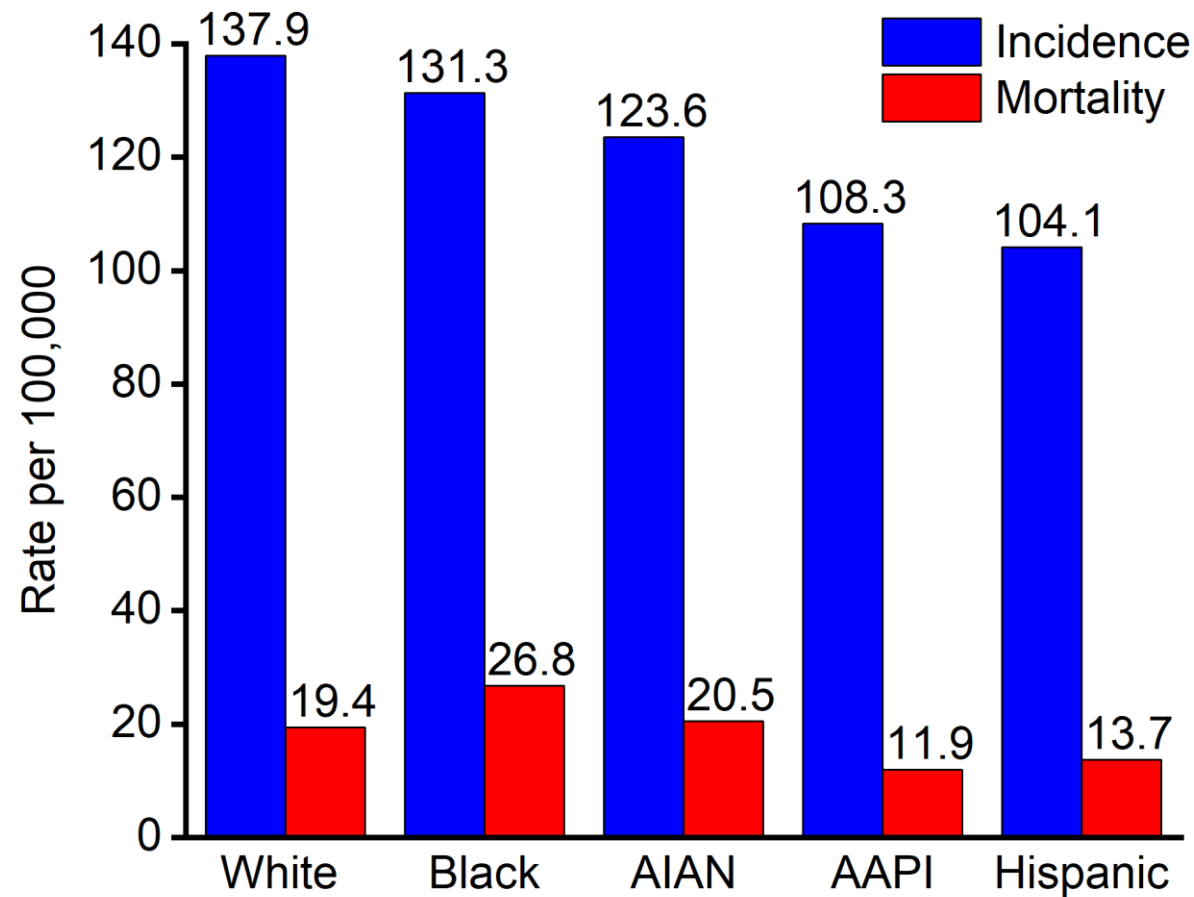
breast neoplasms, breast cancer, epidemiology, health disparities, incidence, mortality, molecular subtype

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Number of estimated breast cancer cases and deaths, 2024

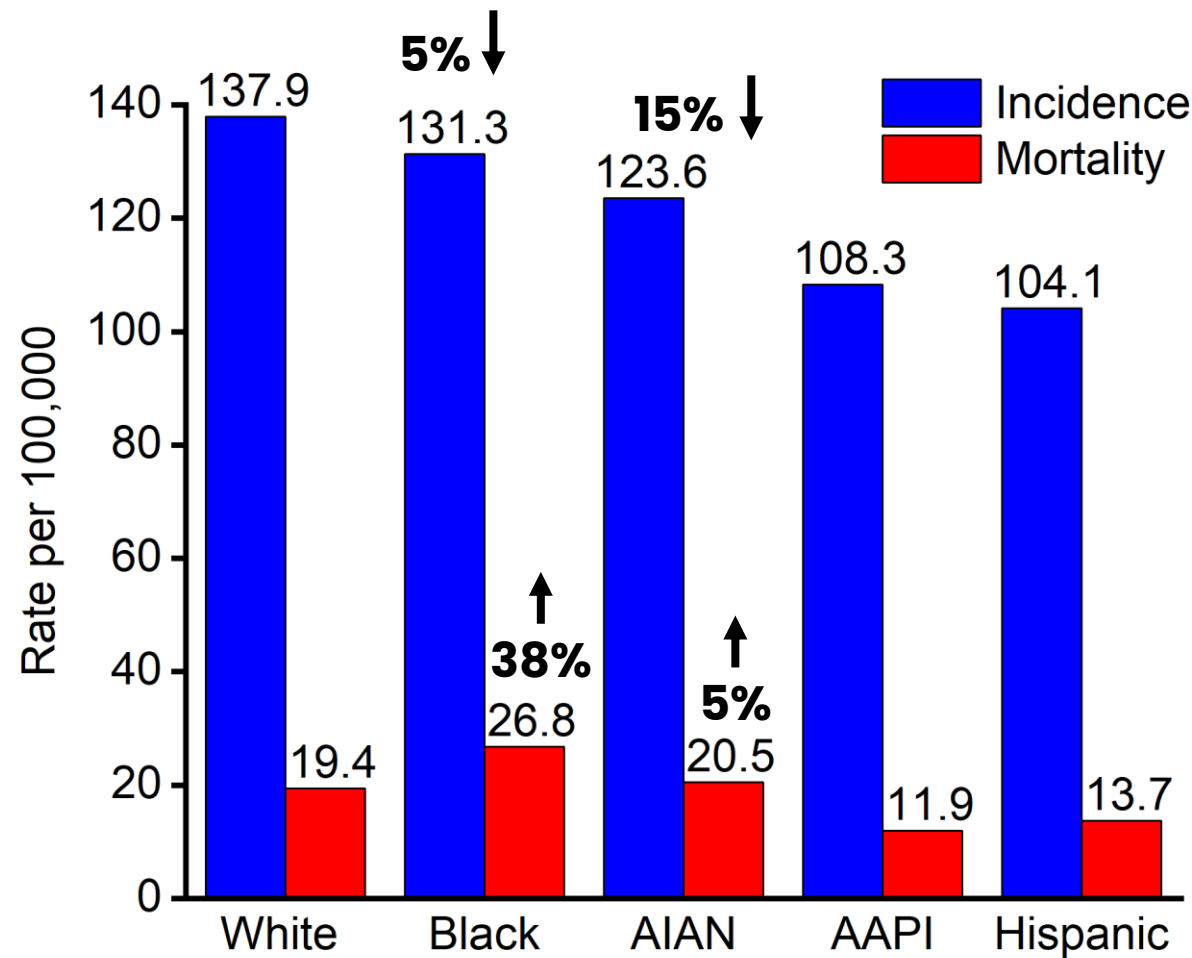
Age	DCIS cases		Invasive cases		Deaths	
	Number	%	Number	%	Number	%
<40	1,360	2	13,180	4	990	2
40-49	8,750	15	37,650	12	2,620	6
50-59	13,760	24	67,310	22	6,800	16
60-69	17,660	31	89,540	29	10,010	24
70-79	11,890	21	69,130	22	10,140	24
80+	3,080	5	33,910	11	11,690	28
All	56,500	98	310,720	100	42,250	100

Breast cancer incidence (2017–2021) and mortality (2018–2022) rates



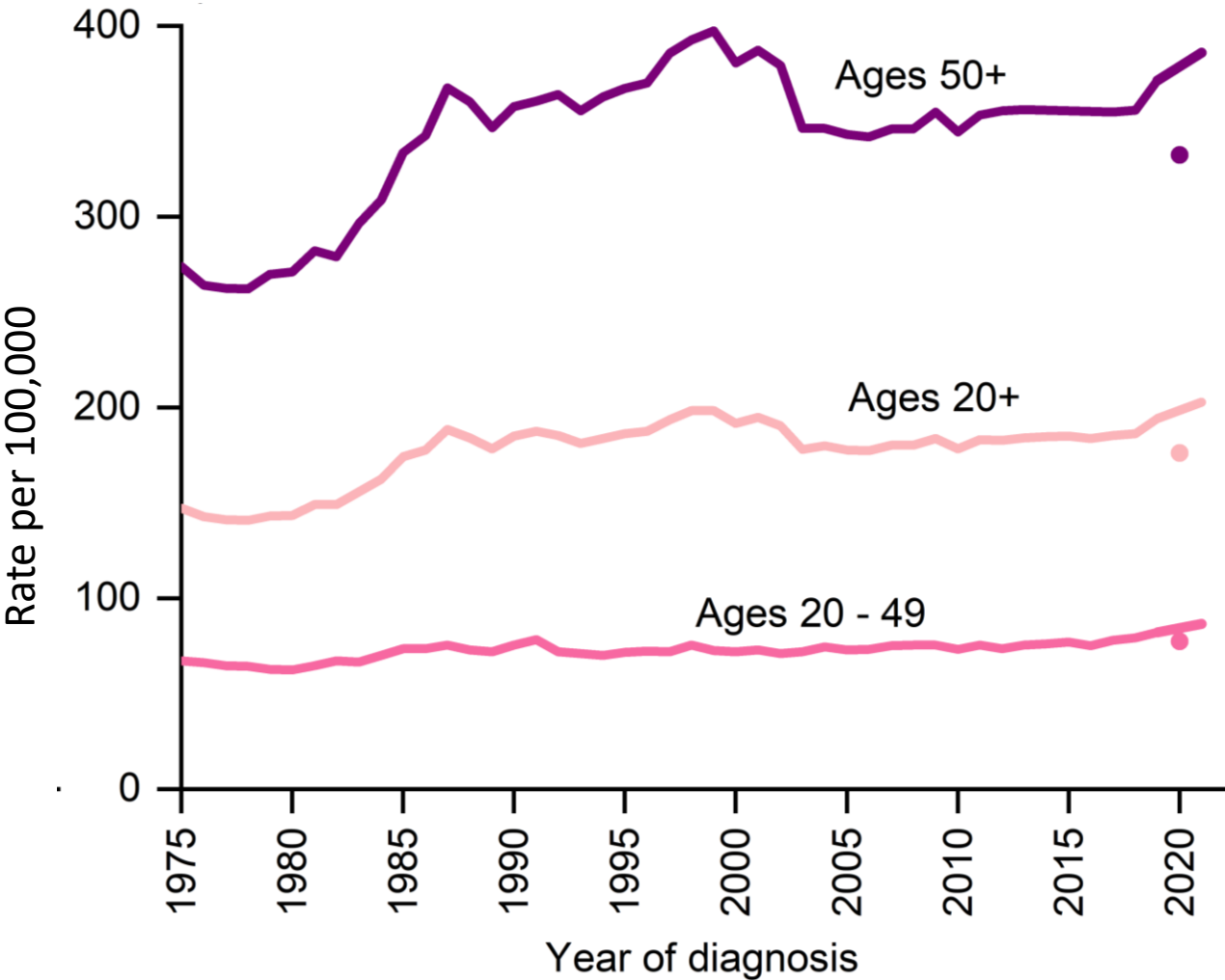
AAPI= Asian American/Pacific Islander. AIAN = American Indian/Alaska Native
Data source: Incidence North American Association of Central Cancer Registries, 2024. **Mortality** NCHS, 2024.

Breast cancer incidence (2017–2021) and mortality (2018–2022) rates



AAPI= Asian American/Pacific Islander. AIAN = American Indian/Alaska Native
Data source: Incidence North American Association of Central Cancer Registries, 2024 2024. Mortality NCHS, 2024.

Trends in breast cancer incidence by age, 1975–2021

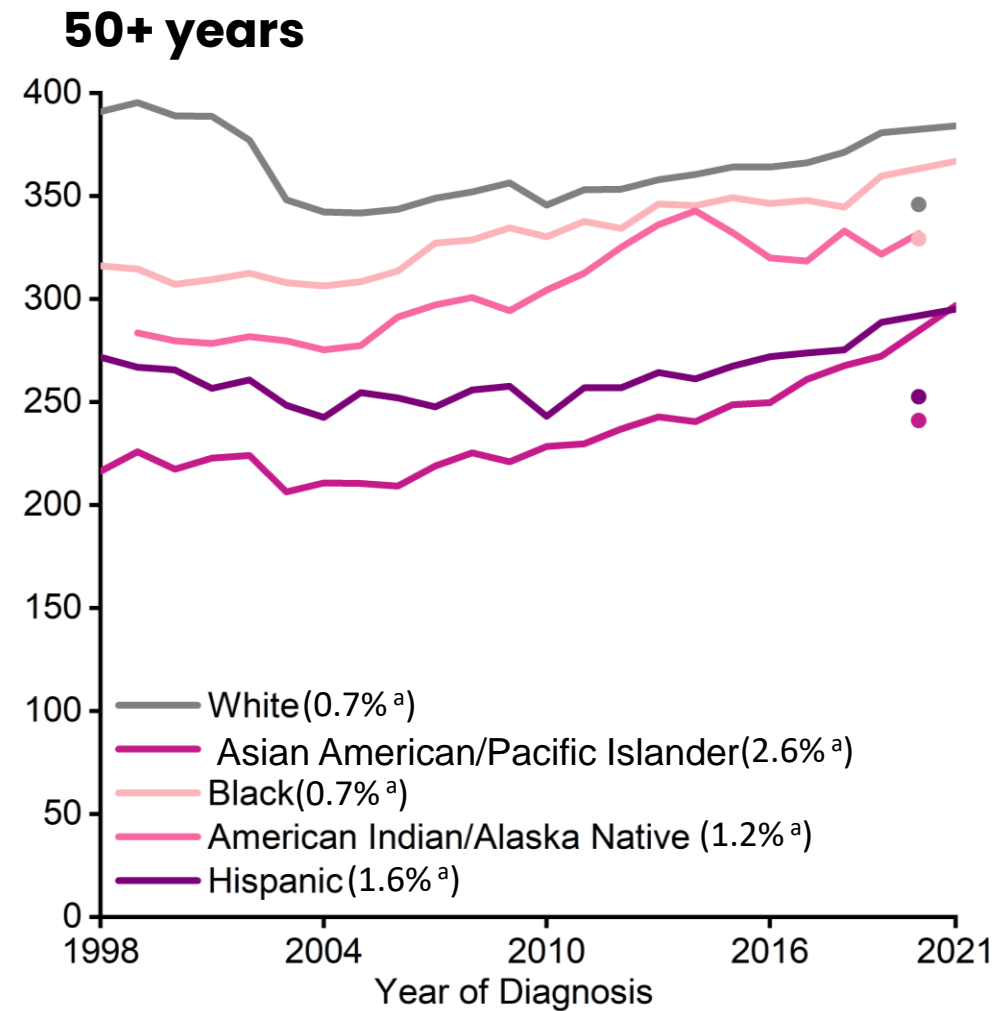
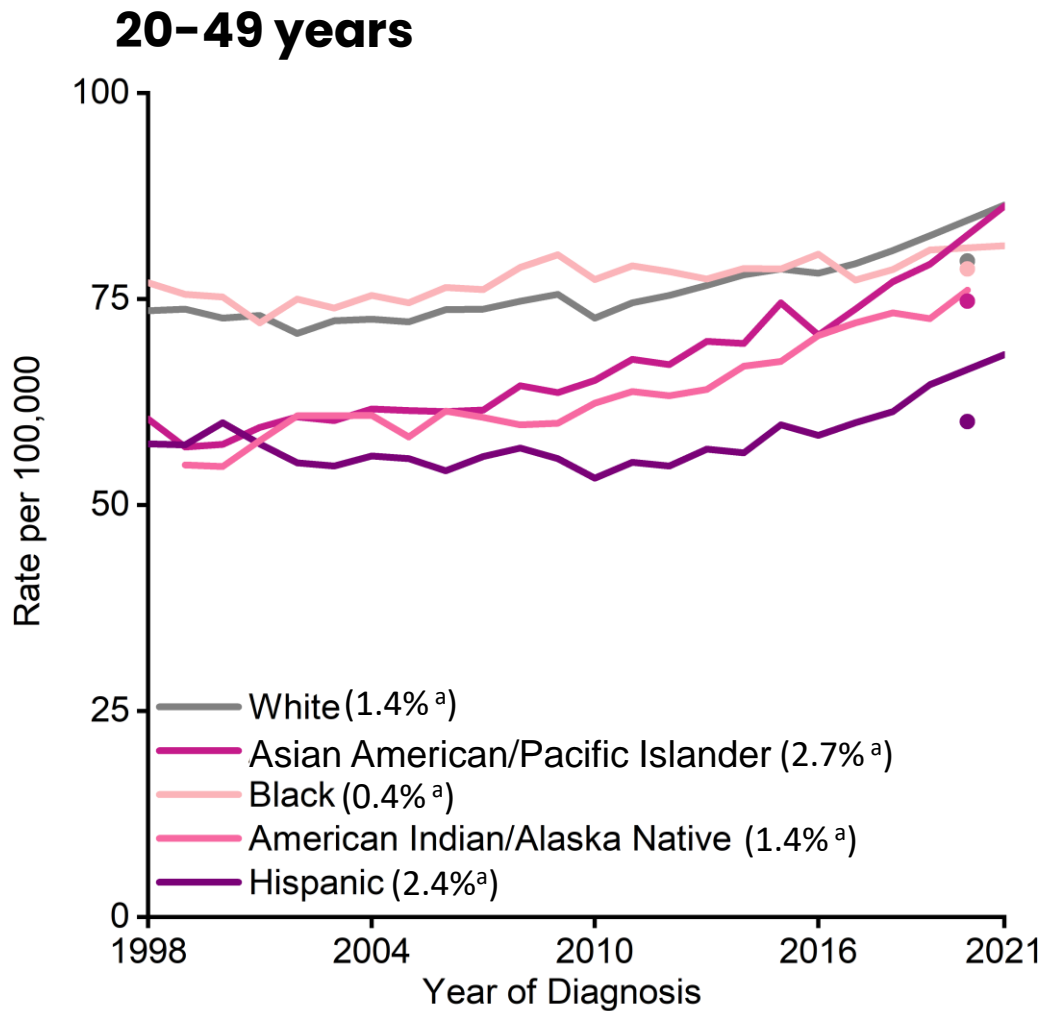


Average annual percent change from 2012 to 2021

All ages	20-49 years	50+ years
1.0% per year	1.4% per year	0.7% per year

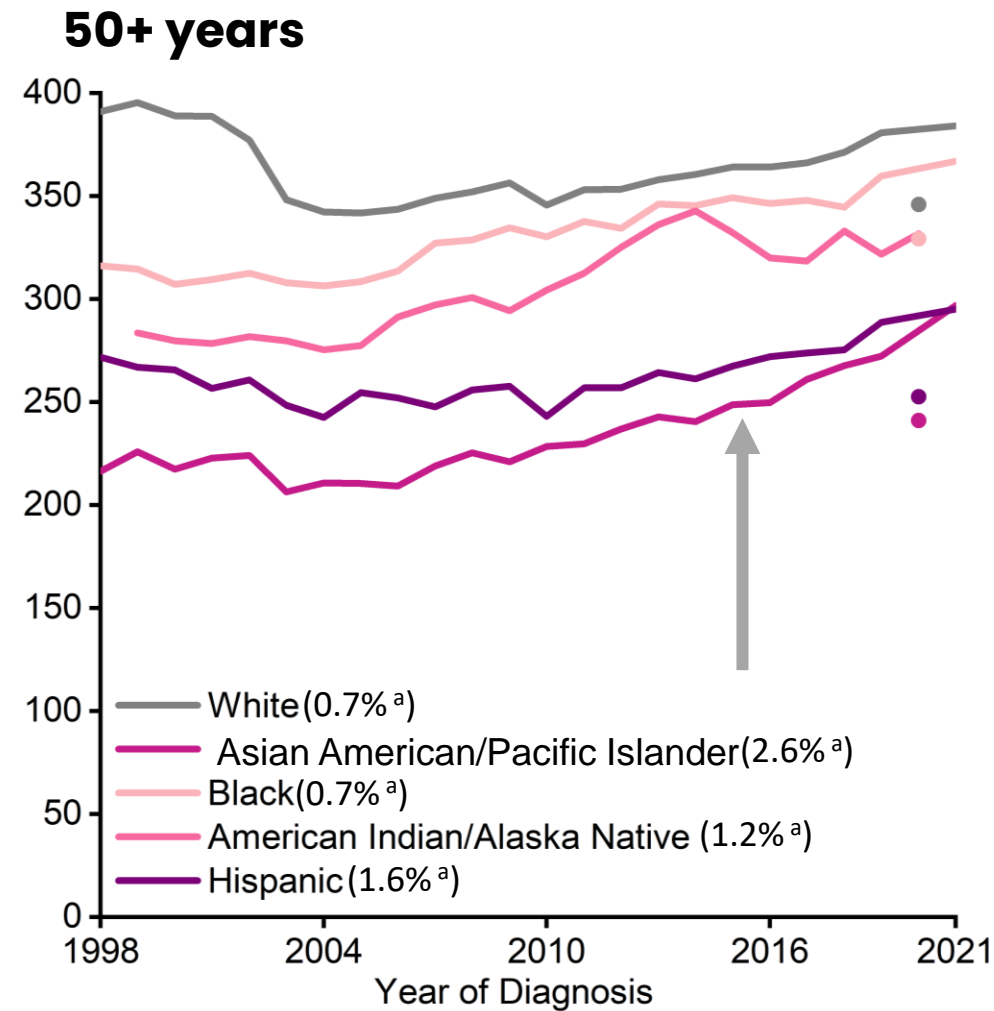
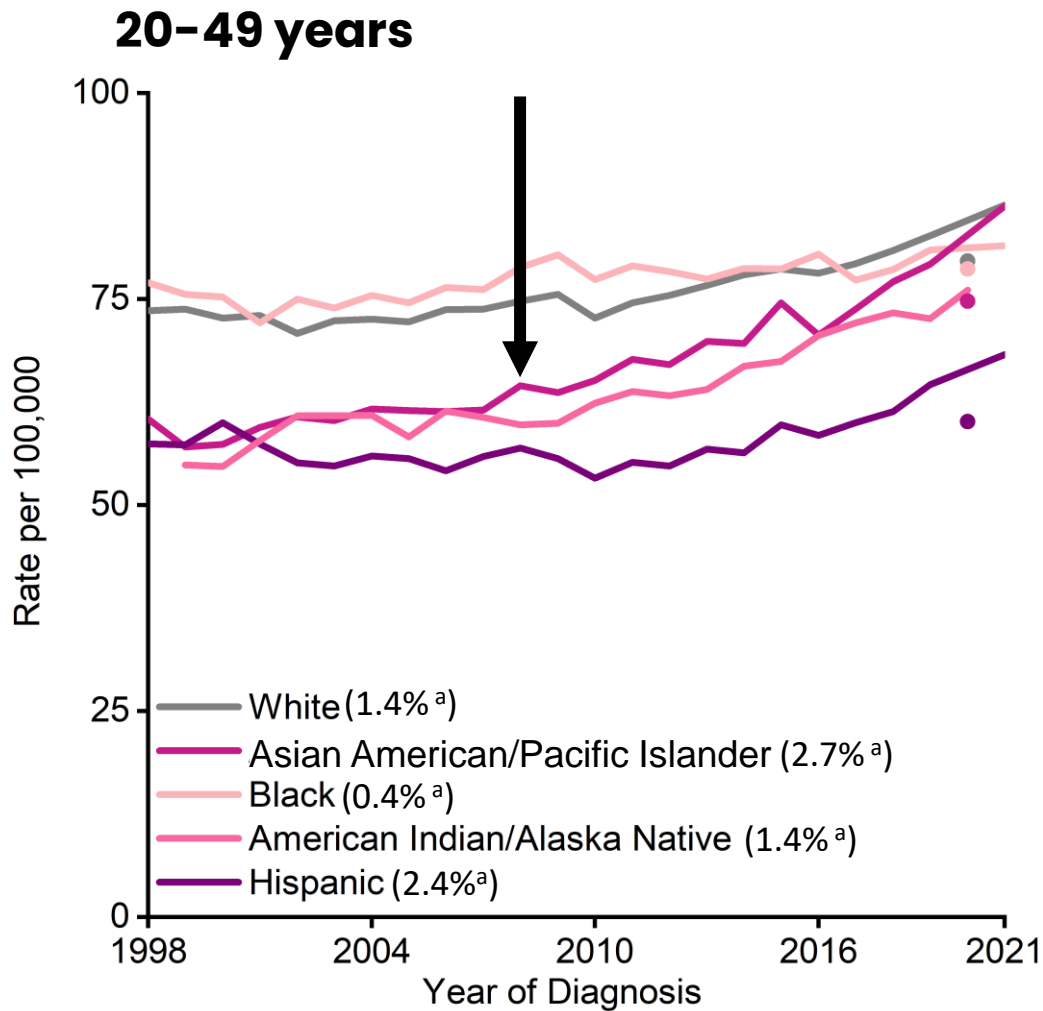
Data for 2020 shown separate from trend line. All average annual percent changes shown are statistically significant ($p < 0.05$).
Data source: Figure – Surveillance, Epidemiology, End Results Program Registries. Average annual percent change - North American Association of Central Cancer Registries, 2024.

Trends in breast cancer incidence by age, 1998–2021



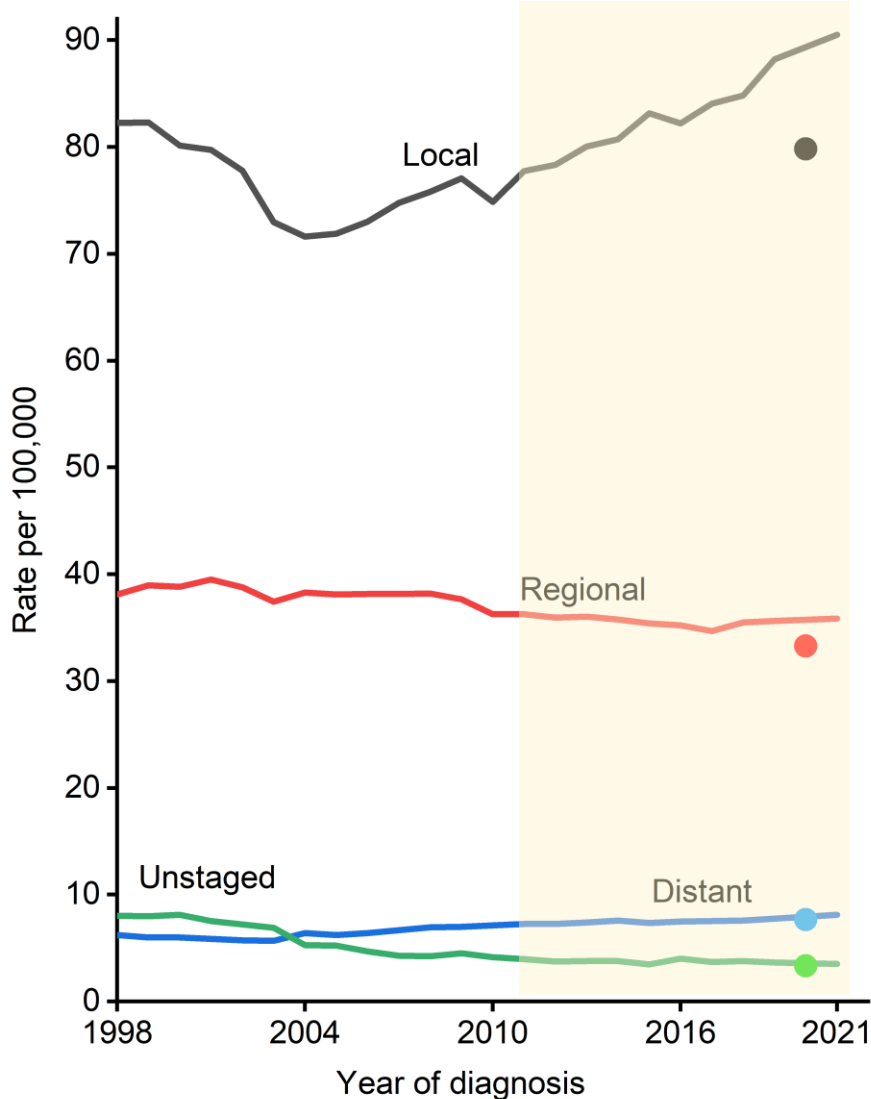
^aDenotes statistical significance ($p < 0.05$).
Data source: North American Association of Central Cancer Registries, 2024

Trends in breast cancer incidence by age, 1998–2021



^aDenotes statistical significance ($p < 0.05$).
Data source: North American Association of Central Cancer Registries, 2024

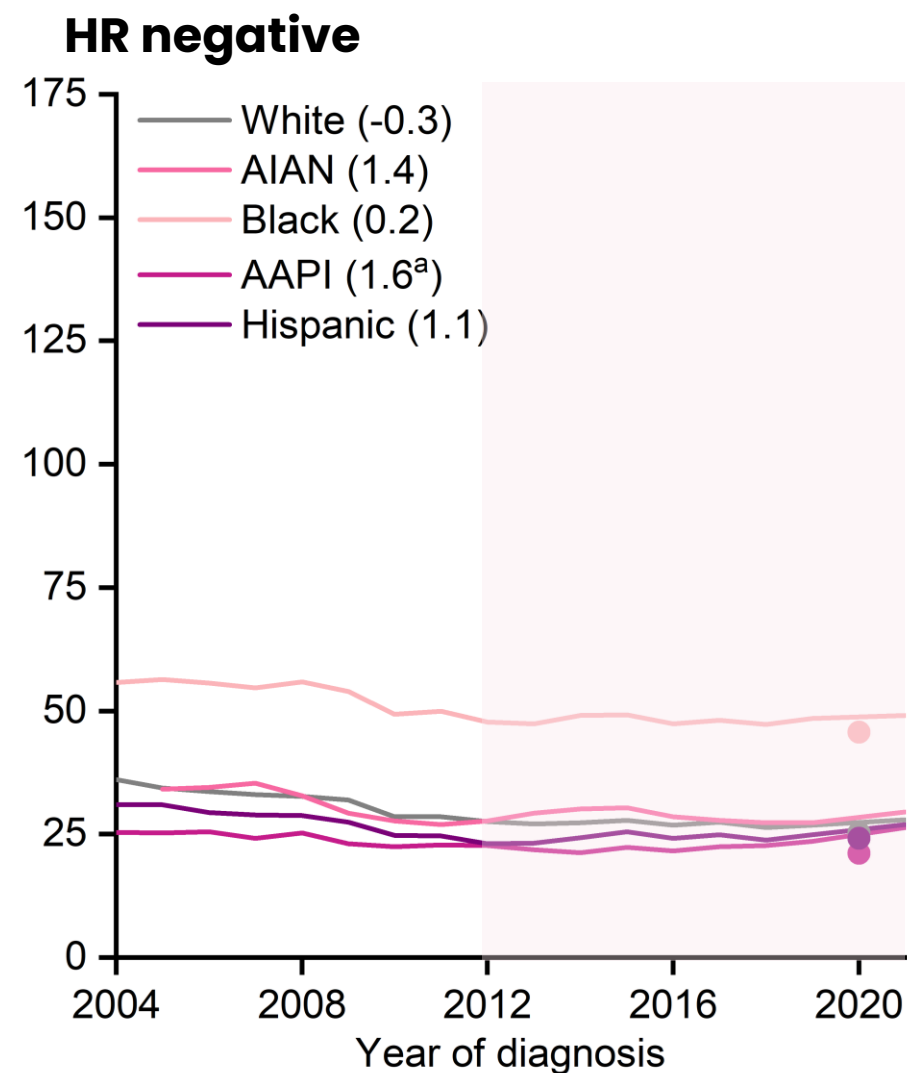
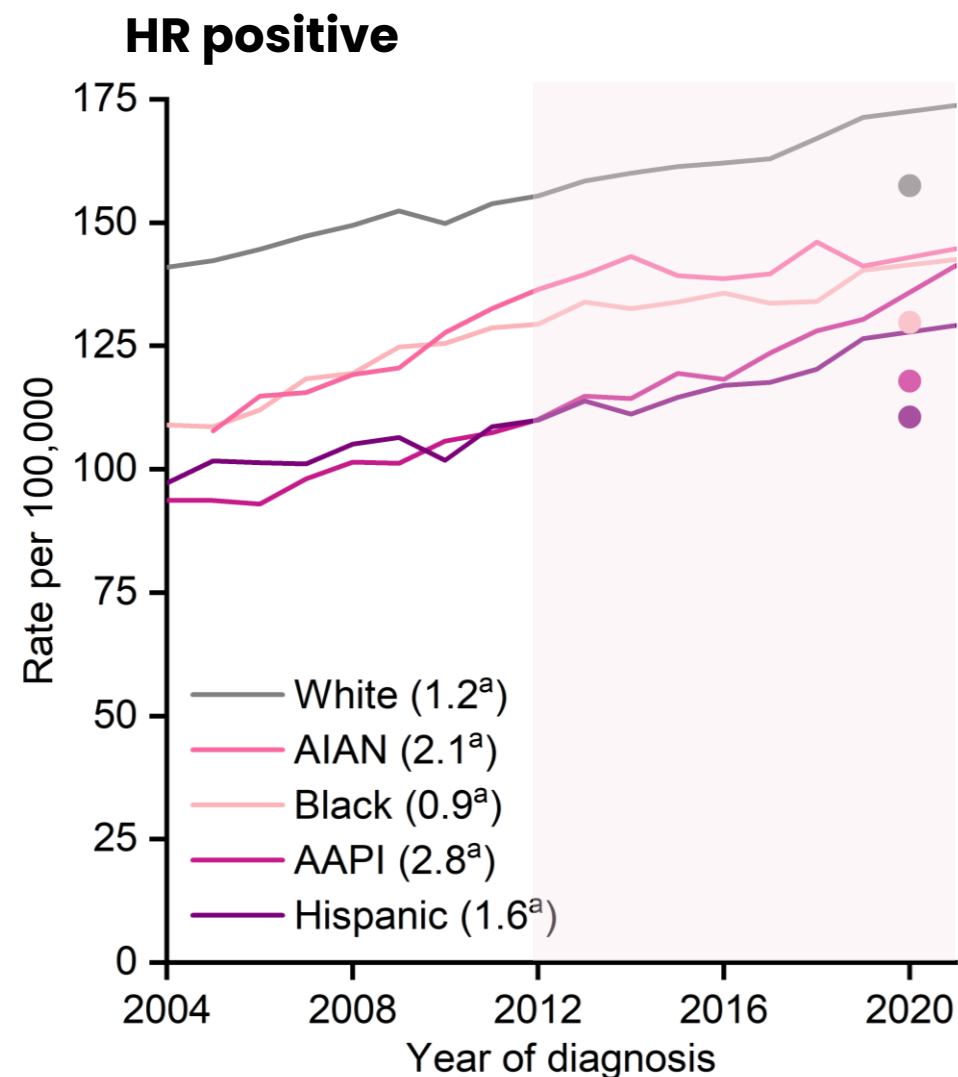
Trends in breast cancer incidence by stage at diagnosis, 1998–2021



Average annual percent change from 2012 to 2021

Local	Regional	Distant	Unstaged
1.4% per year	-0.1% per year; not significant	1.1% per year	-1.4% per year

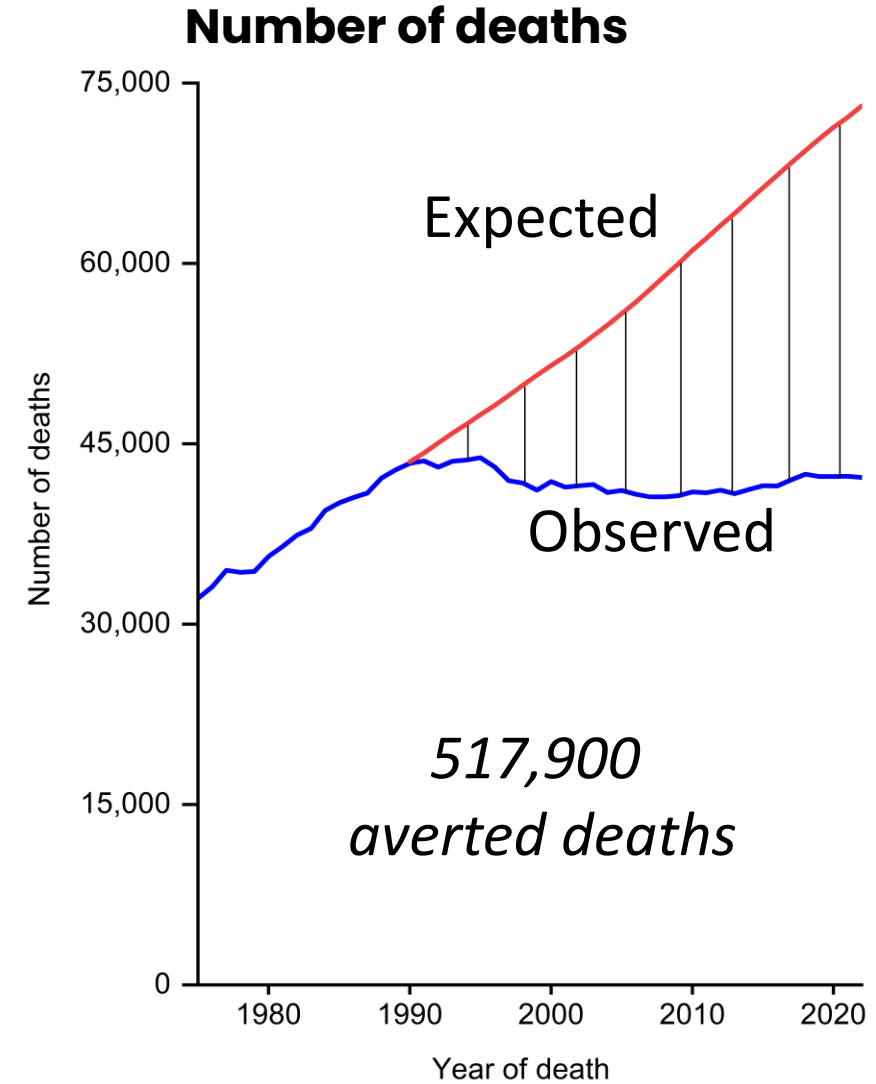
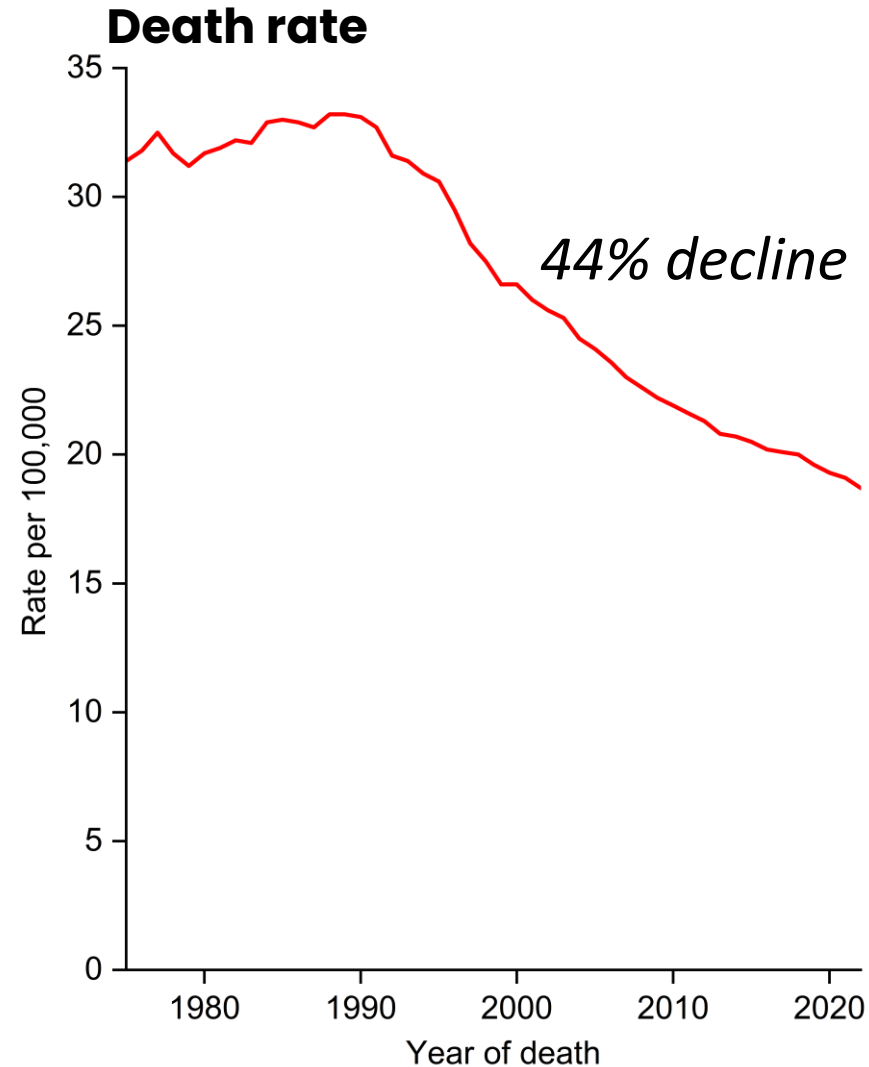
Trends in breast cancer incidence by hormone receptor status, 2004–2021



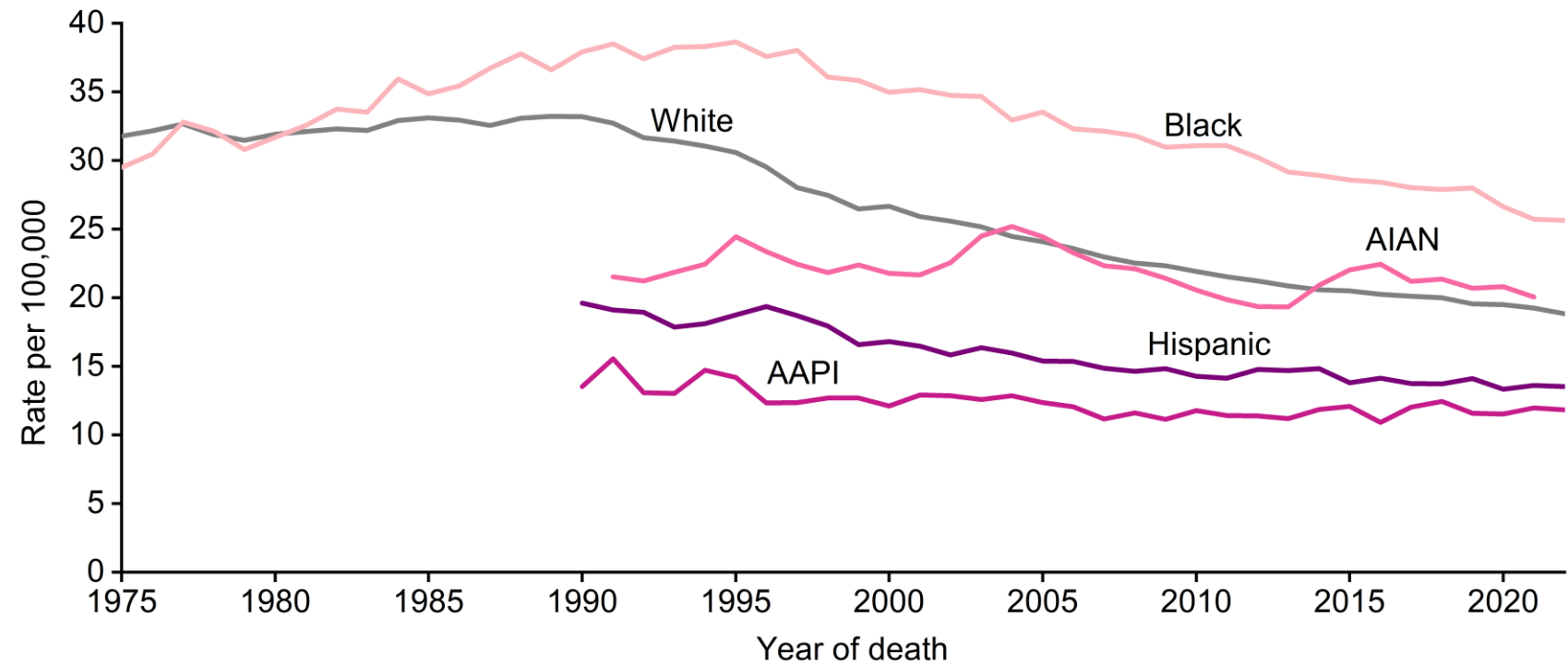
Data for 2020 is shown separate from trendline. Unknown HR status were imputed to be either positive or negative.

Data source: North American Association of Central Cancer Registries, 2024

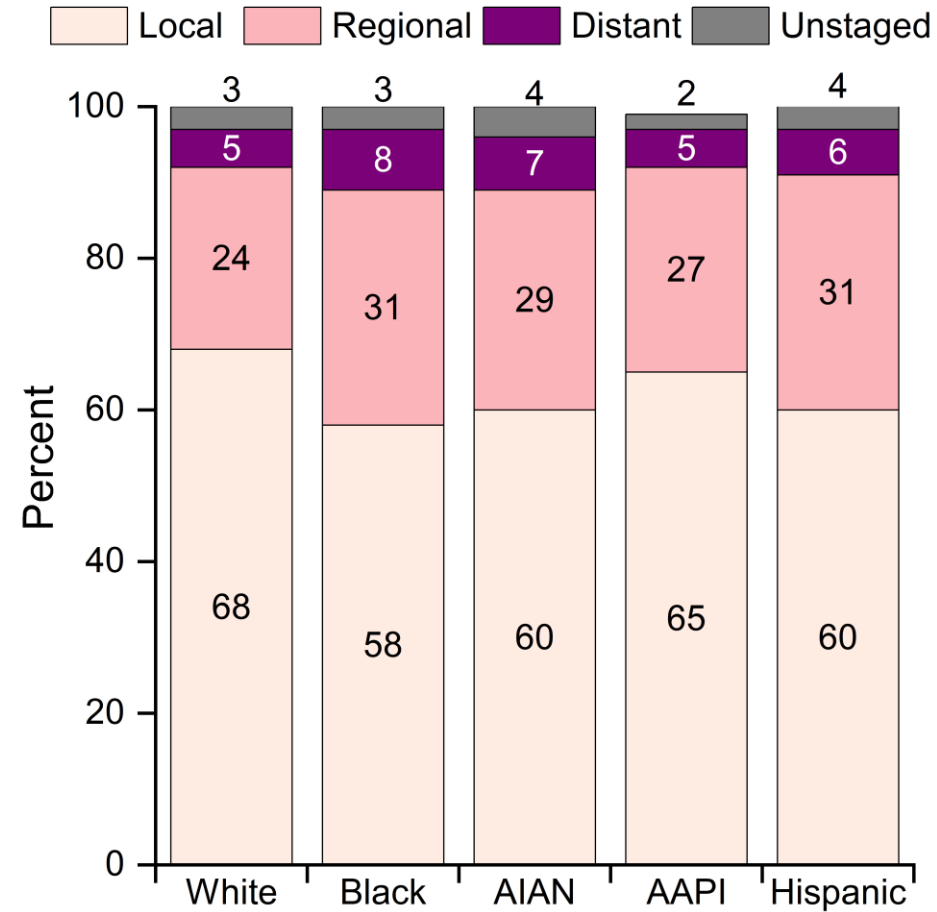
Trends in breast cancer death rates and number of deaths, 1975–2022



Trends in female breast cancer mortality rates, 1975–2021



Distribution of breast cancer by stage at diagnosis, 2017–2021



AAPI = Asian American/Pacific Islander. AIAN= American Indian/Alaska Native.

Data source: North American Association of Central Cancer Registries, 2024.

Mammography prevalence (%) among women 40 years and older, 2021

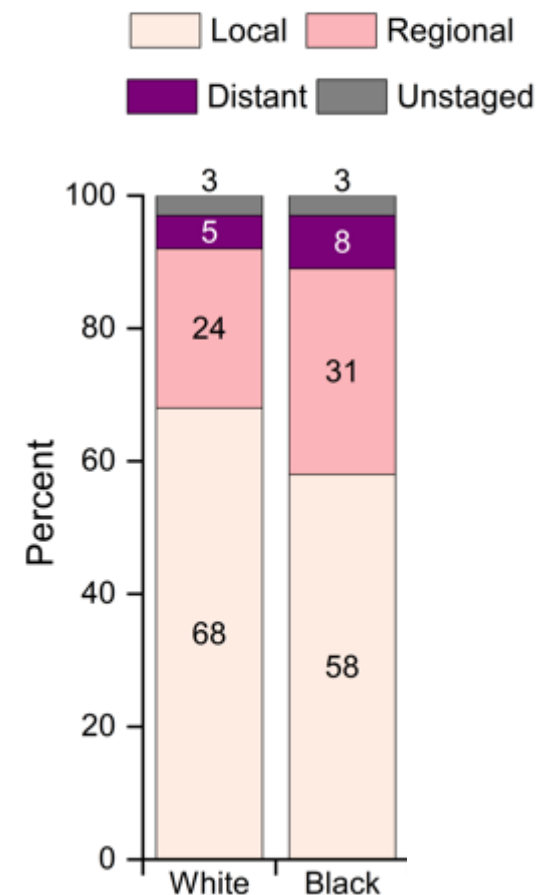
	Within the past year	Within the past 2 years
Overall	49	67
Age (years)		
40-44	38	52
45-64	54	73
65-74	58	77
75+	39	56
Race/Ethnicity		
Hispanic/Latina	44	65
White	51	68
Black	55	73
Asian American ^a	44	62
American Indian/Alaska Native	31	51

Estimates do not distinguish between examinations for screening and diagnosis. ^aDoes not include Pacific Islander women.

Data source: National Health Interview Survey, 2021.

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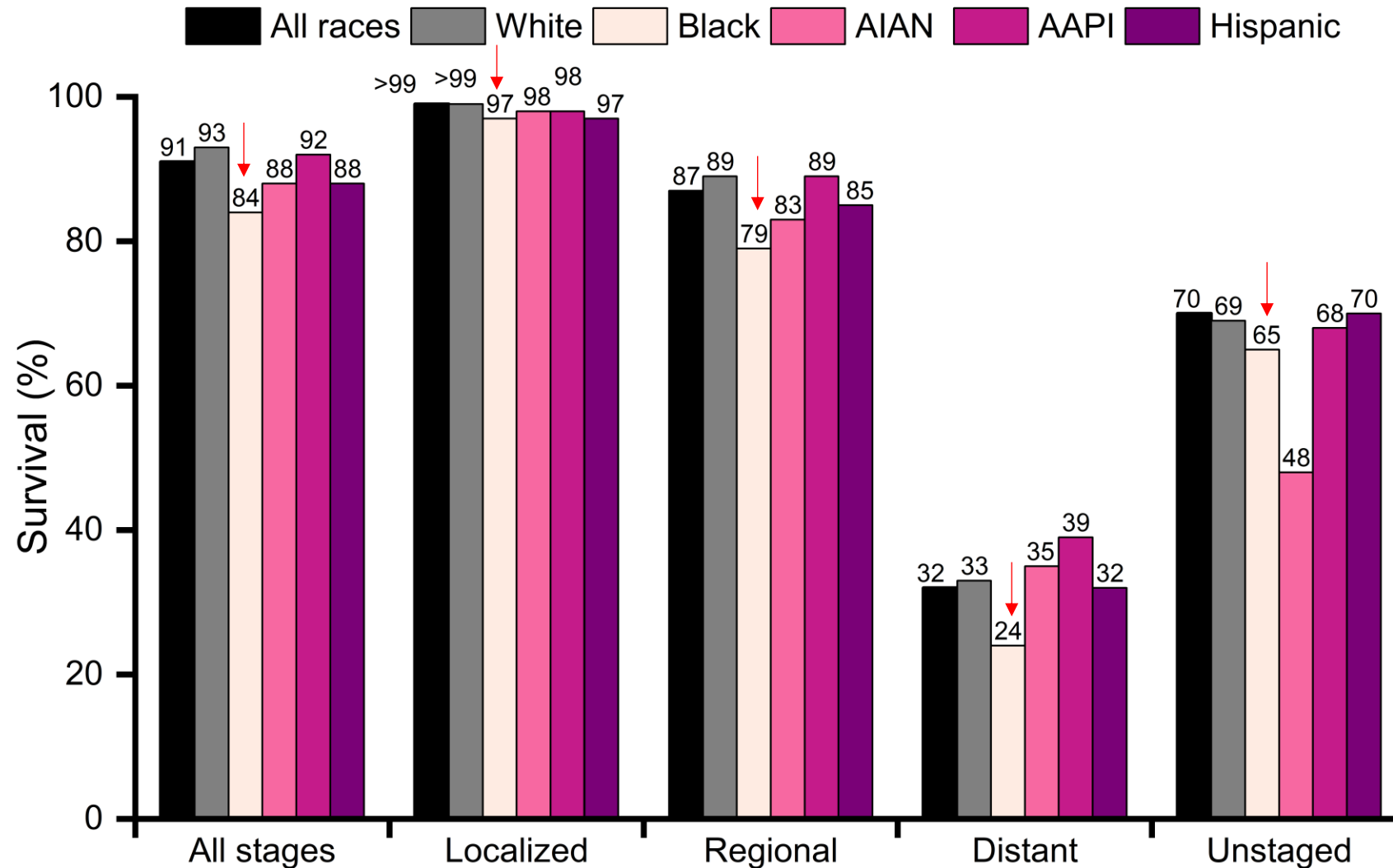
Data source: National Health Interview Survey, 2021.

	Within the past year	Within the past 2 years
Education		
Some high school or less	34	55
High school diploma or GED	46	63
Some college/Assoc. degree	49	67
College graduate	56	74
Health insurance status (age < 65 years)		
Uninsured	23	37
Private	55	73
Medicaid/pub/dual	43	61
Medicare (ages ≥65 years)	49	67
Other	52	76
Immigration		
Born in US/US Territory	51	68
In US fewer than 10 years	24	48
In US 10 or more years	45	66

Estimates do not distinguish between examinations for screening and diagnosis.

Data source: National Health Interview Survey, 2021.

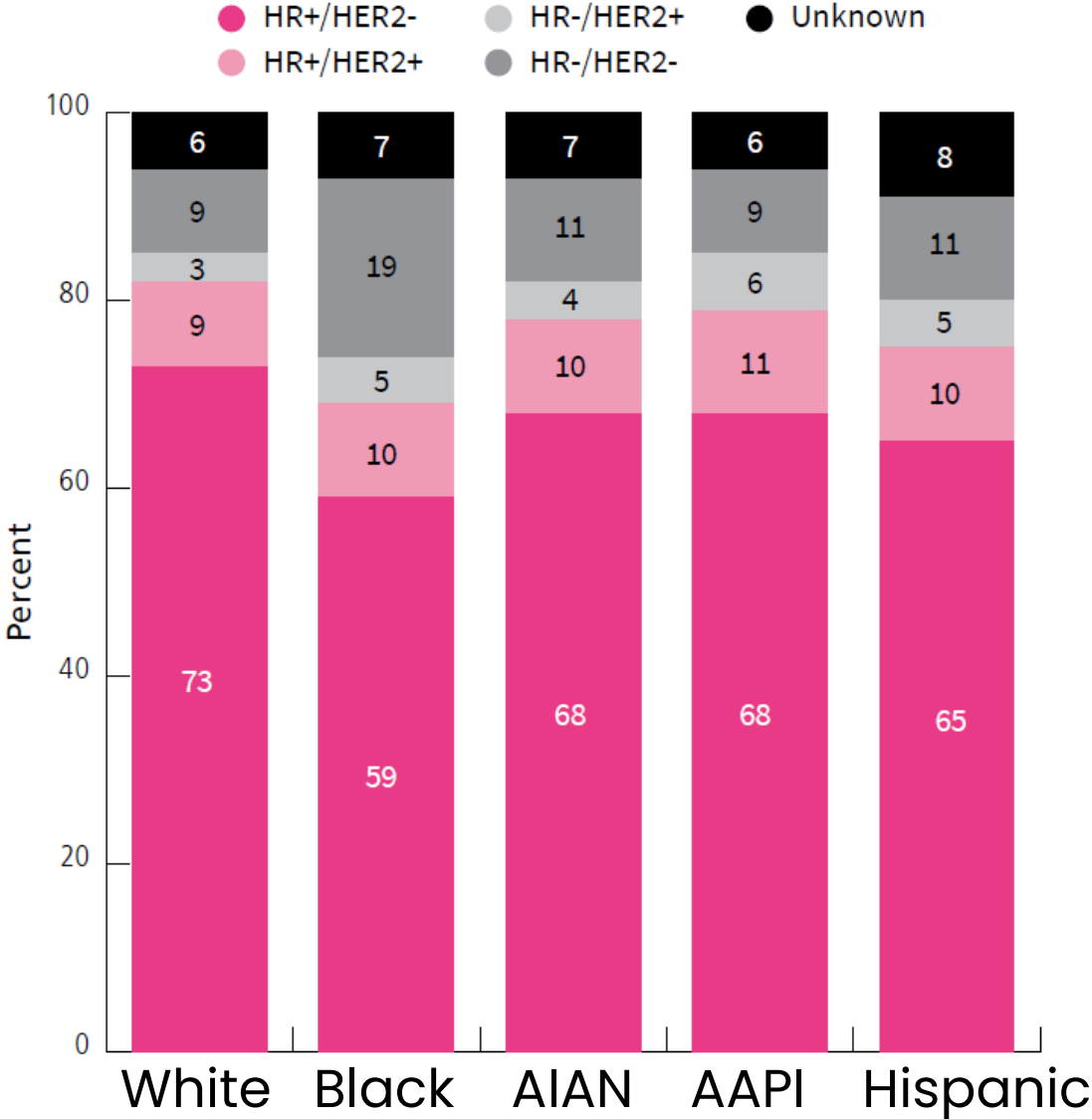
5-year relative breast cancer survival by stage at diagnosis, 2014–2020



Cases were diagnosed during 2014-2020 and followed through 2021.

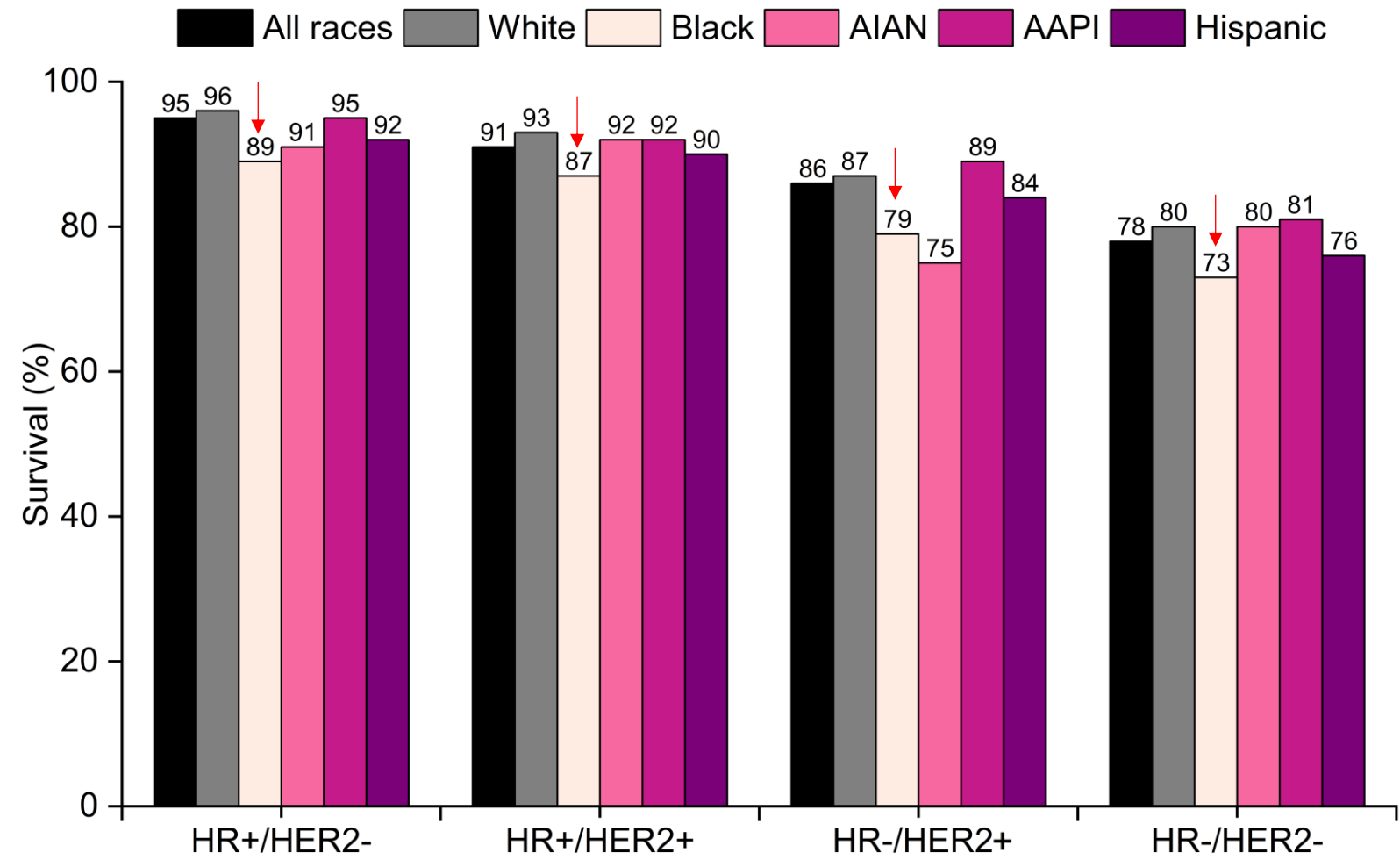
Data source: Surveillance, Epidemiology, End Results Program Registries. , 2024

Distribution of breast cancer subtypes 2017–2021



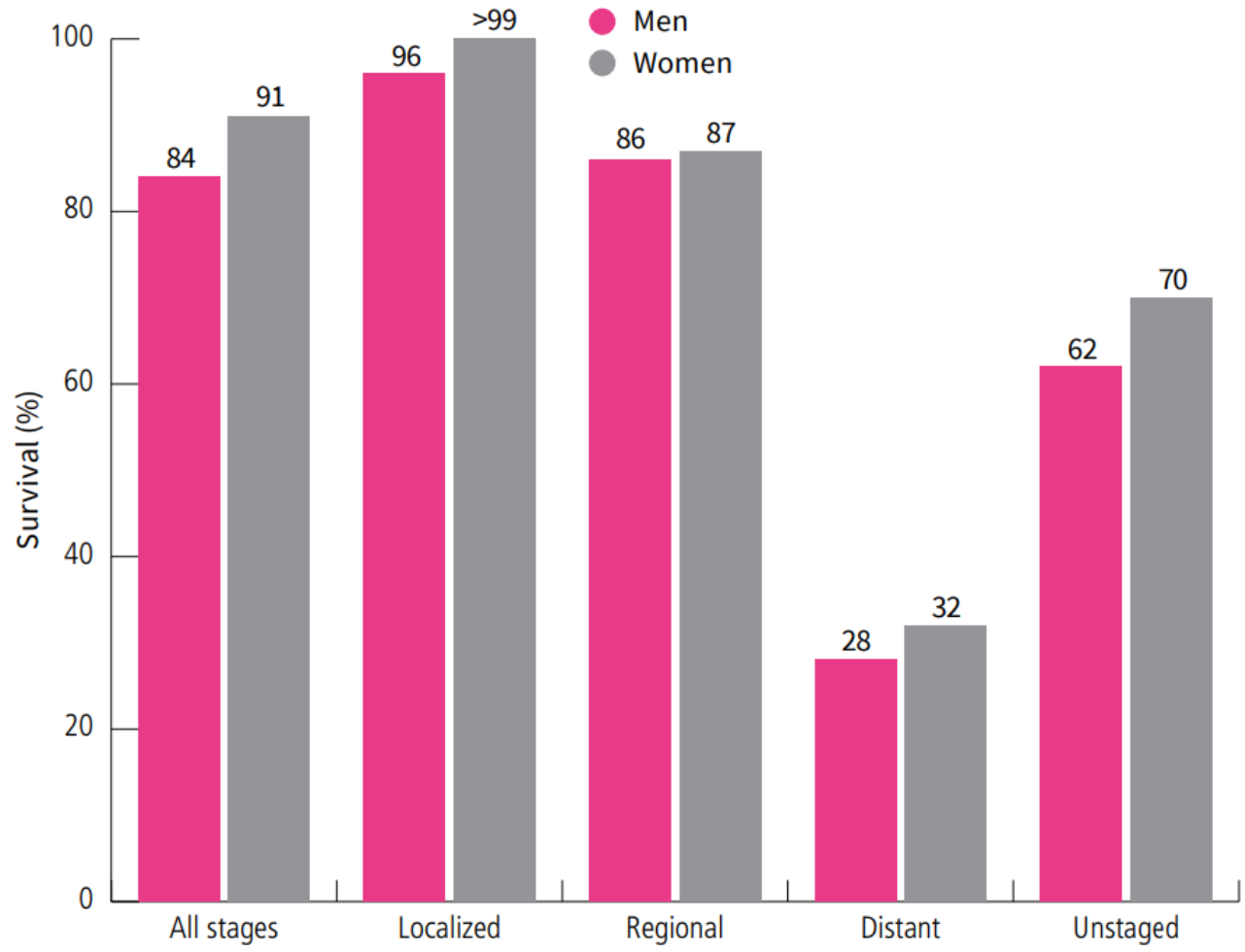
HR = hormone receptor. HER2 = human epidermal growth factor 2. AAPI = Asian American/Pacific Islander. AIAN = American Indian Alaska Native
Data source: North American Association of Central Cancer Registries, 2024.

5-year relative breast cancer survival by subtype, 2014-2020



Cases were diagnosed during 2014-2020 and followed through 2021.
Data source: Surveillance, Epidemiology, End Results Program Registries. , 2024

5-year relative breast cancer survival, 2014–2020



2024 Estimates: Male breast cancer

New Cases	Deaths
2,790	530

Cases were diagnosed during 2014-2020 and followed through 2021.
Data source: Surveillance, Epidemiology, End Results Program Registries. , 2024

Conclusion

- Breast cancer is the most common cancer among women in the US
 - Estimated 310,720 new cases diagnosed in 2024
- Incidence continues to rise (1% per year) as mortality falls
- Steeper incidence increase among younger women (1.4% per year) than among older women (0.7% per year)
 - **Asian American/Pacific Islander** women have had the **largest increase** in both younger (2.7% per year) and older women (2.6% per year)
- Breast cancer death rates have fallen 44% since 1989
 - **American Indian/Alaska Native** women have experienced **no progress**
- Black-White mortality disparity remains large, 38% **higher death rates** with 5% **lower incidence**
 - Stage at diagnosis and subtype differences do not fully explain disparity

Acknowledgements

Special thanks to all ACS team members that contributed. Especially the production and media teams.

Ahmedin Jemal, DVM, PhD

Rebecca Siegel, MPH

Robert Smith, PhD

Jessica Star, MA MPH

Hyuna Sung, PhD

Rachel Freedman, MD MPH

Lisa Newman, MD MPH

Questions



Interested in exploring our data?
Check out :
cancerstatisticscenter.cancer.org

Questions



Roundtable Structure





Vision: Transform breast cancer across the continuum of care to achieve optimal outcomes for every person.

Mission: The ACS NBCRT leads collective action across the nation so that every person and their support systems will know and understand breast cancer risk and screening needs, and can access timely, high-quality, and compassionate screening, diagnosis, treatment, and supportive care needed to improve their survival and quality of life.



Health Equity Statement: The ACS NBCRT believes that every person should have a fair and just opportunity to prevent, find, treat, and survive breast cancer, regardless of income, ethnicity, skin color, sexual orientation, gender identity, disability status, language, or zip code.

Membership to the Roundtable

Organizational

Organizational members support an ACS Roundtable's mission, commit to advancing the shared agenda and goals of an ACS Roundtable, and actively participate in roundtable activities. They demonstrate outstanding expertise on roundtable subject matter with broad potential for education and promotional opportunities.

Corporate

Corporate members are business corporations that make or distribute products that aid in the screening, prevention, or treatment of cancer. This category also applies to any organization that has significant commercial interest in providing services where such interests have potential to cause actual or perceived improper influence or undue bias.

Individual

Individual members join by invitation only. They demonstrate outstanding expertise in the roundtable subject matter and their membership is approved by the roundtable steering committee.

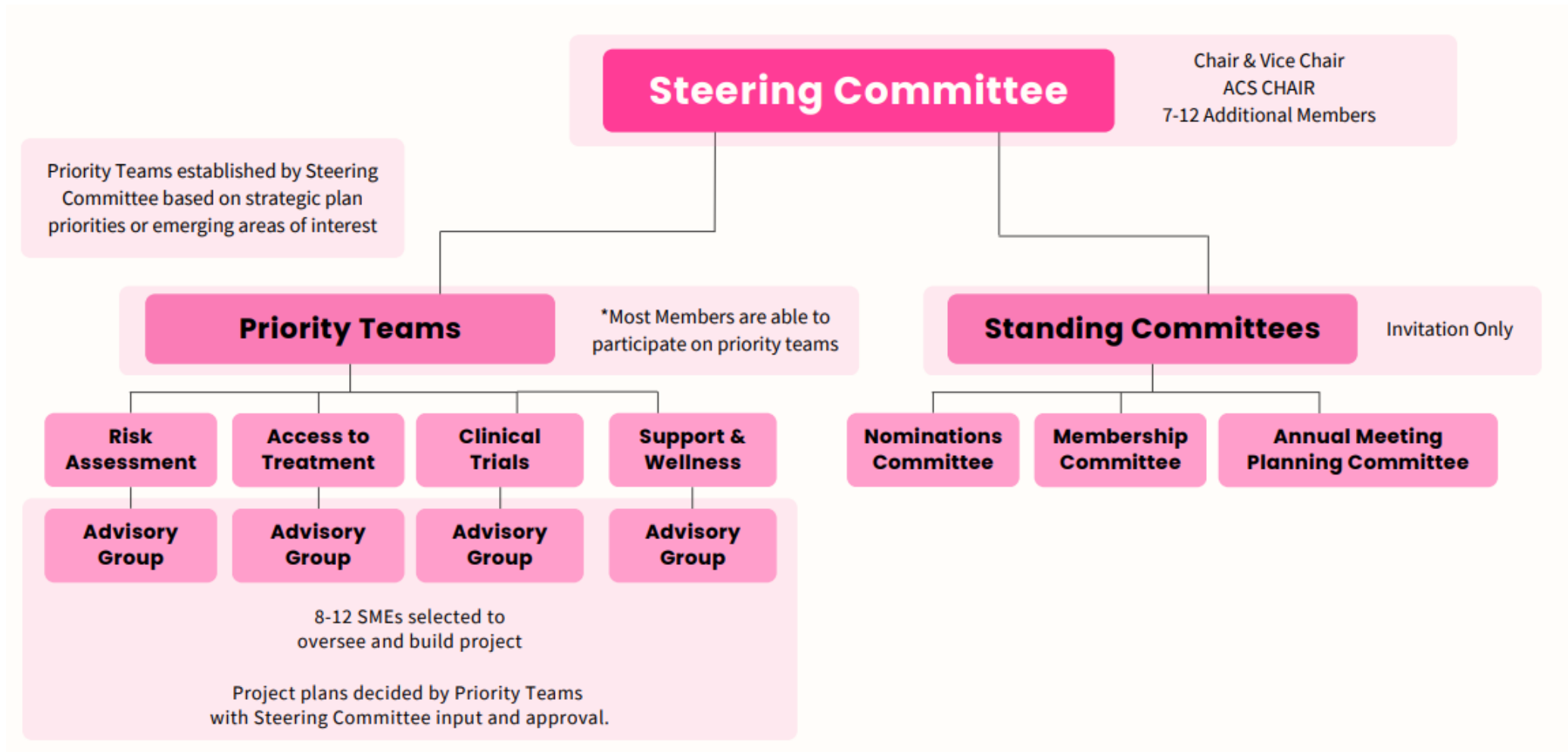
Affiliate

Affiliate members are organizations that support the ACS Roundtable's mission and goals, but do not meet the criteria of any other membership category.

Membership Process

1. Organization Submits an Application
2. Review Of Application By ACS NBCRT Leadership
3. Notification Of Membership
4. Orientation & Onboarding For New Members

Roundtable Structure

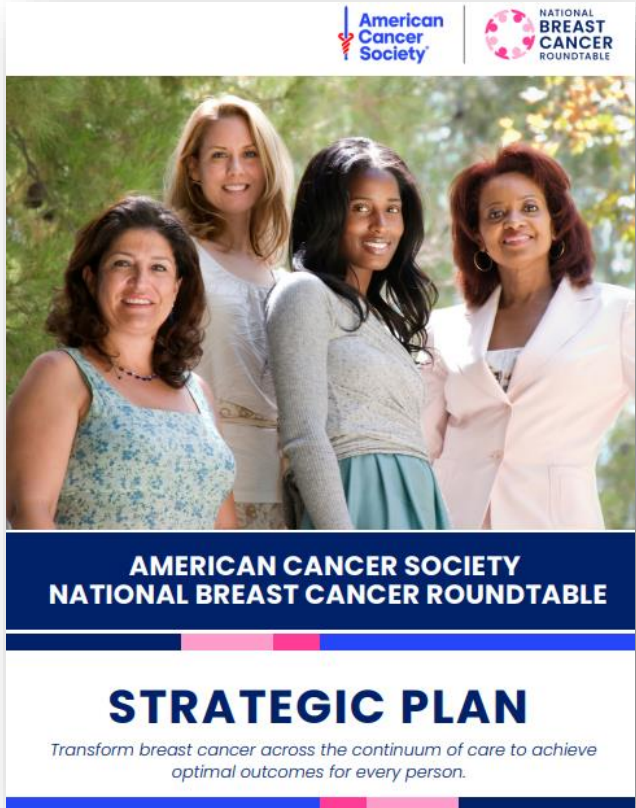


ACS 2024–2025 NBCRT Steering Committee

- **Olufunmilayo F. Olopade, MBBS, FAACR, FASCO**, Director, Center for Clinical Cancer Genetics and Global Health, University of Chicago, The University of Chicago Medicine Comprehensive Cancer Center
Chair
- **Arif Kamal, MD, MBA, MHS, FAAHPM, FASCO**, Chief Patient Officer, American Cancer Society
ACS Chair
- **Ysabel Duron**, CEO and Co-Founder, The Latino Cancer Institute
- **Ricki Fairley**, CEO and Co-Founder, Touch, the Black Breast Cancer Alliance
- **Stephanie Graff, MD, FACP, FASCO**, Director of Breast Oncology, Legorreta Cancer Center at Brown University
- **Erika Hamilton, MD**, Director of Breast Cancer and Gynecologic Cancer Research, Sarah Cannon Research Institute
- **Maimah Karmo**, Founder and CEO, The Tigerlily Foundation
- **Nancy Lin, MD**, Medical Oncologist, Breast Oncology Center, Dana-Farber Cancer Institute
- **Capt Jacqueline Miller, MD, FACS**, Medical Director, CDC, National Breast and Cervical Early Detection Program
- **Cheryl Modica, MD**, Director Quality Center, National Association of Community Health Centers
- **Tia Newcomer**, CEO, CaringBridge
- **Victoria Wolodzko Smart**, Vice President of Mission, The Susan G. Komen Foundation

Strategic Plan

Download the NBCRT
Strategic Plan on nbcrt.org
[Our Impact](#) > [Strategic Plan](#)

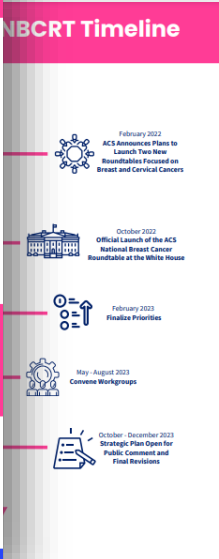


Strategic Plan

Strategic Plan

The Strategic Plan provides recommended strategies and activities that our partners can use to help define, prioritize, and accomplish their goals across the breast cancer continuum, offering a national roadmap for advocacy and action.

Download the 2024-2029 ACS NBCRT Strategic Plan 



ACS NBCRT Strategic Priority Areas



Risk Assessment, Screening, Risk Reduction, & Early Diagnosis

Increasing risk assessment, risk reduction, and early intervention strategies will reduce breast cancer incidence and advanced-stage disease.



Access to Treatment

Providing all patients access to compassionate, timely, and high-quality breast cancer care will improve patient quality of life and survival.



Clinical Trials

Advancing equity in clinical trials through rapid, drastic, and intentional improvements in diversity in participation, expansion of research, and targeted trials will result in measurable improved outcomes for all populations.



Support and Wellness Services

Early identification and integration of support and wellness services for breast cancer patients and their caregiver(s) through the continuum of care will improve treatment, recovery, and quality of life.

ACS NBCRT Resource Center

We want to share your resources!

What It Is

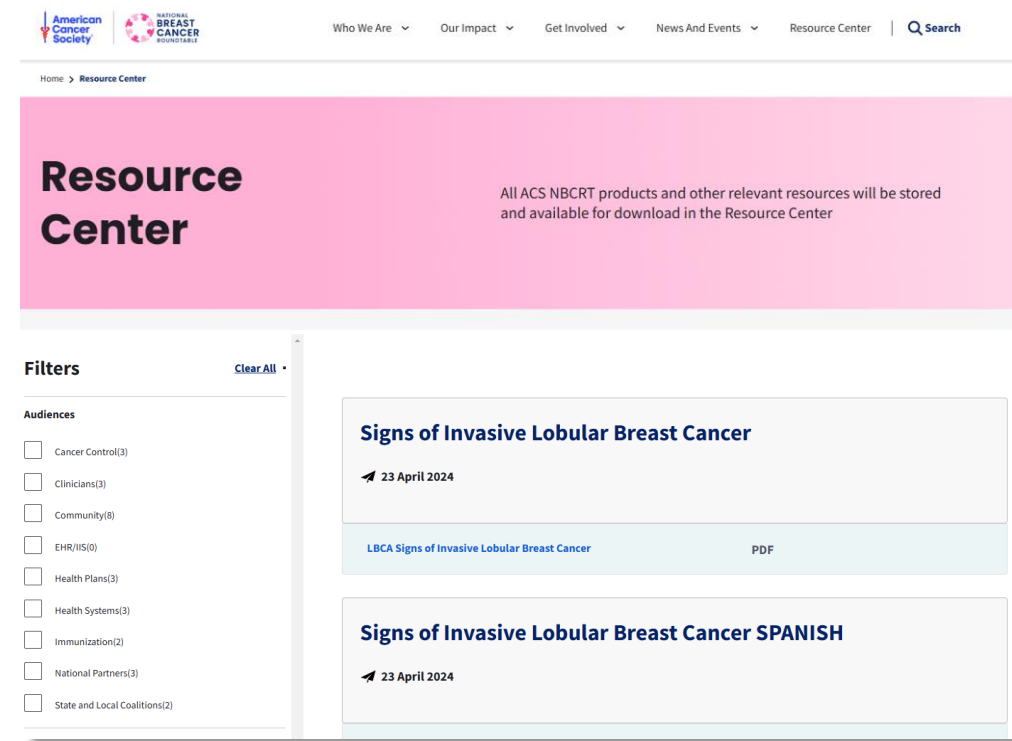
- The **NBCRT Resource Center** is an online platform that houses a collection of your **valuable resources, tools, and educational materials** related to breast cancer research, treatment, and advocacy.

Where It Is

- The Resource Center is hosted on the official NBCRT website under the URL: <https://nbcrt.org/resource-center/>.

Content Featured

- The Resource Center features a variety of content, including research articles, policy briefs, clinical guidelines, webinars, toolkits, and patient education materials.
- The resources cover a wide range of topics related to breast cancer, including prevention, screening, treatment, survivorship, and disparities in care.



Getting Involved



Questions



**Live Survey:
Let us know what you think!**

Poll Instructions



- 1 Each Question Will Be Launched in Zoom**
A poll will appear on your screen shortly. Please select your answer(s) directly on the screen. There will be 8 questions.
- 2 Submit Your Answers**
Once you've chosen your answer(s), click Submit to record your response.
- 3 Can't Find the Poll?**
If the poll doesn't pop up, check your toolbar and click on Polls.
- 4 Results**
Results will be shared after everyone has responded.



Gratitude Bouquet

Activity



Gratitude Bouquet

Using this QR code, submit words live to create a bouquet.

What are you grateful for today?





End of Day One

Closing Remarks



Looking Ahead



Wednesday, November 13th – 2:00 – 4:00 PM ET

2:00 – 2:10 PM

Welcome & Recap of Day 1

2:10 – 2:35 PM

ACS VOICES Study

Speaker: Dr. Alpa Patel

2:35 – 3:15 PM

Priority Teams Update

3:15 – 3:35 PM

Interactive Breakout Session: Joining the Movement

3:35 – 3:45 PM

Call to Action: Getting Involved

Speaker: Dr. Olufunmilayo Olopade

3:45 – 3:50 PM

Resource Center Overview

Speaker: Dr. Melissa Thomas

3:50 – 4:00 PM

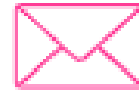
Closing Remarks and Next Steps

Speakers: Dr. Funmi Olopade and Dr. Melissa Thomas

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ME**





Thank You