

# Breast Cancer Fact Sheet

## ***American Cancer Society***

Excluding cancers of the skin, breast cancer is the most frequently diagnosed cancer in women. Breast cancer ranks second as a cause of cancer death in women (after lung cancer). According to the American Cancer Society, an estimated 194,280 new cases were diagnosed and an estimated 40,610 people died of breast cancer in 2009. The American Cancer Society estimates that a woman has a 1-in-8 chance of developing breast cancer during her lifetime. Death rates for breast cancer have steadily decreased in women since 1990, which represents progress in both earlier detection and improved treatment.

Numerous studies have shown that early detection saves lives and increases treatment options. Several recent studies have shown that magnetic resonance imaging (MRI) is more sensitive than mammography in detecting tumors in women with an inherited susceptibility to breast cancer. Annual screening using MRI in addition to mammography is recommended for certain women at high lifetime risk of the disease and all suspicious abnormalities should be biopsied for a definitive diagnosis. The American Cancer Society's new screening guidelines will impact up to one million high-risk women by recommending they receive additional annual MRI screenings. A high percentage of these women will benefit from breast MRI.

An expert panel convened by the American Cancer Society has developed new recommendations for the use of magnetic resonance imaging (MRI) for women at increased risk for breast cancer. The panel says in addition to mammography, annual screening using MRI is recommended for women who:

- Have a mutation in the breast cancer susceptibility genes BRCA 1 or BRCA 2
- Have a first-degree relative with a BRCA 1 or 2 mutation and are untested
- Have a lifetime risk of breast cancer of 20-25 percent or more using standard risk assessment models
- Received radiation treatment to the chest between ages 10 and 30, such as for Hodgkin Disease
- Carry or have a first-degree relative who carries a genetic mutation in the TP53 or PTEN genes (Li-Fraumeni syndrome and Cowden and Bannayan-Riley-Ruvalcaba syndromes).

Source: American Cancer Society

## ***National Comprehensive Cancer Network***

The latest guideline calls for an MRI before the surgery to pinpoint the extent of the cancer according to a study published by the National Comprehensive Cancer Network. The guideline also urges doctors to consider doing an MRI on the opposite breast because in some cases, the cancer is in both breasts, even if the mammogram only discovers it in one breast.

The current NCCN guidelines recommend that breast MRI be considered for patients with a newly diagnosed breast cancer to evaluate the extent of ipsilateral disease and to screen the contra lateral breast, particularly for women at increased risk for

mammographic occult disease. In addition, the guidelines indicate that breast MRI may be used for patients with axillary nodal adenocarcinoma to identify the primary malignancy. The guidelines stress the importance of having proper equipment, imaging technique, and provider training necessary to achieve high-quality breast MRI, and emphasize that MRI practice sites should have the ability to perform MRI-guided biopsy or needle localization. In addition to describing the data regarding use of breast MRI in women with newly diagnosed cancer, this article provides recommendations for the performance of high-quality breast MRI and suggestions for future research.

The new guideline for additional MRIs will be more expensive, but its supporters say it may catch the one in six breast cancers that currently are missed by mammography alone.

Authors: Lehman, Constance D.; DeMartini, Wendy; Anderson, Benjamin O.; Edge, Stephen B.

Source: Journal of the National Comprehensive Cancer Network (JNCCN), Volume 7, Number 2, February 2009, pp. 193-201(9)