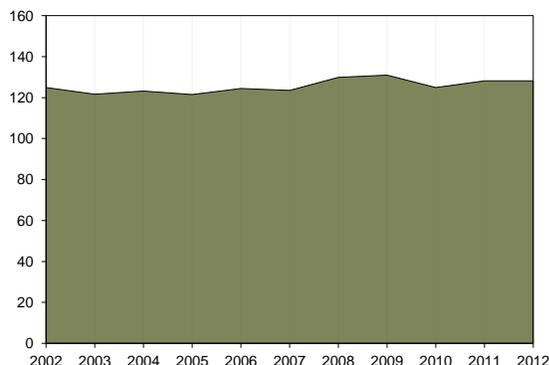


Female Breast Cancer

in Pennsylvania

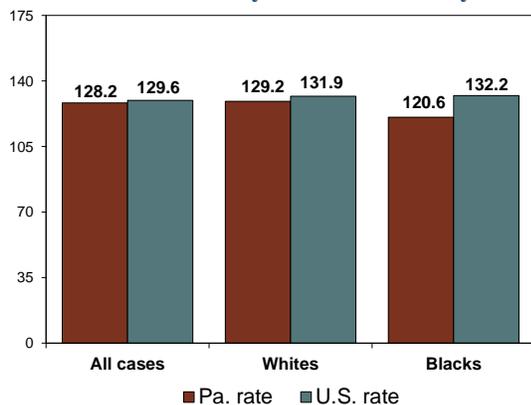
INCIDENCE:

Age-Adjusted Incidence Rates, Invasive Breast Cancer
Pennsylvania Female Residents, 2002-2012



In 2012, breast cancer was the most commonly diagnosed cancer among women in Pennsylvania. The age-adjusted incidence rate for invasive female breast cancer among residents hit a low of 121.4 in 2005. Since 2005, however, the incidence rate has increased overall, experiencing a sharp increase from 123.5 in 2007 to 129.9 in 2008, followed by a decrease from 131.0 in 2009 to 124.9 in 2010 and, finally, an increase to 128.1 in 2011 and to 128.2 in 2012. There were 10,561 cases reported among residents in 2012, representing about 28 percent of all invasive cancers diagnosed among female residents.

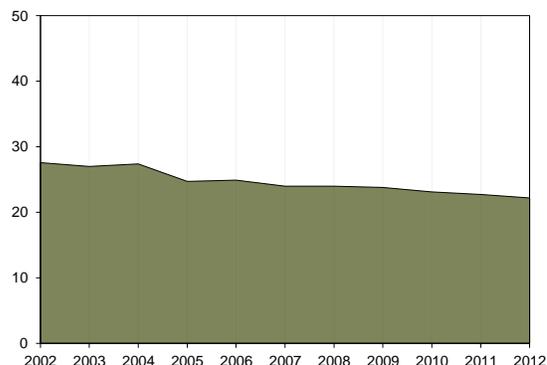
Age-Adjusted Incidence Rates, Invasive Breast Cancer
United States and Pennsylvania Residents by Race, 2012



During 2012, Pennsylvania's age-adjusted incidence rates for invasive female breast cancer were slightly lower than United States rates for all races, whites and blacks. The incidence rate for female breast cancer among blacks was slightly lower than the rate among whites in both Pennsylvania and the United States.

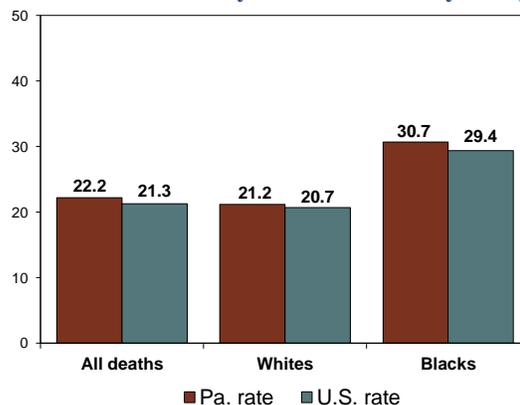
MORTALITY:

Age-Adjusted Mortality Rates, Female Breast Cancer
Pennsylvania Residents, 2002-2012



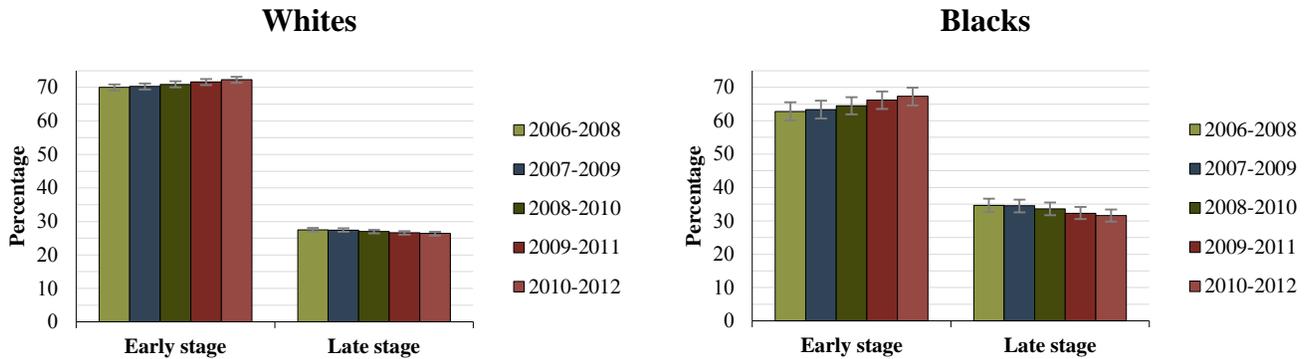
In 2012, breast cancer was the second most common cause of cancer deaths among Pennsylvania women. During the period 2002 through 2012, the annual age-adjusted mortality rates for invasive female breast cancer declined (see chart above). In 2012, there were 2,012 deaths due to female breast cancer among residents, resulting in an age-adjusted mortality rate of 22.2 per 100,000. By comparison, there were 2,288 female breast cancer deaths in 2002 for a mortality rate of 27.6.

Age-Adjusted Mortality Rates, Female Breast Cancer
United States and Pennsylvania Residents by Race, 2012



Pennsylvania's age-adjusted mortality rate for female breast cancer was higher than the United States rate for all races, whites and blacks in 2012. As shown in the above chart, black female residents of both Pennsylvania and the United States had much higher mortality rates for breast cancer than white female residents.

STAGE of DISEASE at Time of Diagnosis by Race, 2006-2012

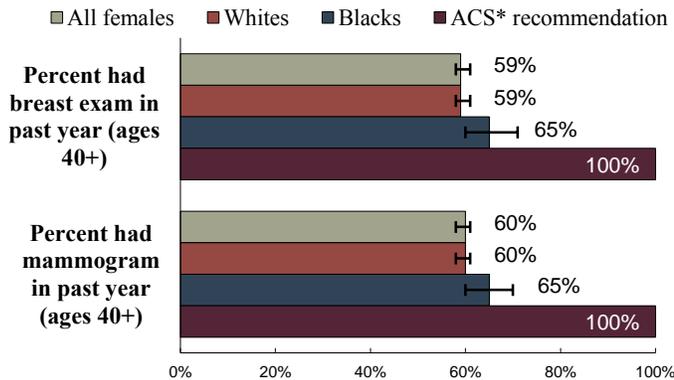


Note: Early stage is the combination of both in situ and local stages; late stage is the combination of both regional and distant stages. Unknowns are excluded in calculations. The symbol represents the 95% confidence interval.

WHITES - During the three-year period 2010-2012, 72.3 percent of female breast cancer cases were detected at the early stage, up from 71.6 percent in 2009-2011. Since 2006-2008, the early stage percentage has increased slightly in each successive three-year period. Early stage percentages were significantly higher than late stage percentages. In 2010-2012, the percentage of cases detected at the late stage decreased from 26.6 percent to 26.4 percent, the lowest late stage percentage recorded over the period 2006-2012.

BLACKS - During the three-year period 2010-2012, 67.3 percent of female breast cancer cases were detected at the early stage, up from 66.2 percent in 2009-2011. The early stage percentage has increased in each of the successive three-year periods: 2006-2008 through 2010-2012. Early stage percentages were statistically significantly higher than late stage percentages. The percent of cases detected at the late stage have decreased three percentage points over the period 2006-2012, from 34.6 percent in 2006-2008 to 31.6 percent in 2010-2012.

BEHAVIORAL RISK FACTORS for Breast Cancer by Race Pennsylvania Females Age 40 and Older, 2012



* ACS stands for American Cancer Society.
NOTE: The symbol represents the 95% confidence interval. Hispanics were excluded from BRFSS white and black race categories.

CLINICAL BREAST EXAM - Results from the 2012 sample telephone survey conducted by the Department of Health's Behavioral Risk Factor Surveillance System (BRFSS) showed that 59 percent of Pennsylvania women age 40 and older had a clinical breast exam in the past year. The percentages were similar for white female residents (59 percent) and black female residents (65 percent). The American Cancer Society recommends that all women age 40 and older have a clinical breast exam every year. Women in their 20s and 30s should have a clinical breast exam about every three years.

MAMMOGRAPHY - Results from the 2012 BRFSS survey showed that 60 percent of Pennsylvania women aged 40 and older had a mammogram in the past year. The percentage was also 60 percent for white females and 65 percent for black females of those ages. The American Cancer Society recommends that women have yearly mammograms starting at age 40 and continuing for as long as the woman is in good health.

Call 800-377-8828 to schedule a free breast cancer photo exhibit opening in your hometown or visit: www.pabreastcancer.org/our-programs/traveling-photo-exhibit/.

Pennsylvania Department of Health HealthyWoman Program

The HealthyWoman Program began cancer screening efforts in late 1994 in only a few counties. Today, this statewide program offers free breast cancer screenings for Pa. residents meeting certain eligibility standards.

Year	Number of Women Screened	Number of Invasive Cancers Detected	Women who are diagnosed may be eligible for free treatment as well.
2008	8,947	133	For information on a HealthyWoman screening site nearest you, visit www.PAHealthyWoman.com or call: 1-800-215-7494.
2009	10,103	76	
2010	5,985	43	
2011	7,728	75	
2012	8,431	86	
2013	8,274	89	
2014	7,693	69	

NOTES: This pamphlet was produced by the Division of Health Informatics, Pennsylvania Department of Health. The Division can be contacted by FAX (717-783-3695) or in writing (2150 Herr St., 2nd Floor, Harrisburg, PA 17103). Website is at www.statistics.health.pa.gov. The department is an equal opportunity provider of grants, contracts, services and employment. Call the department toll free at 1-877-PA-HEALTH. All the age-adjusted rates that appear here were calculated by the direct method using the 2000 United States standard million population. United States incidence rates are based on data collected by the SEER (Surveillance, Epidemiology and End Results) program of the National Cancer Institute.



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