

### Breast Cancer Incidence and Screening

October is national breast cancer awareness month. The main goal of this is to raise awareness about breast cancer risk factors, promote early detection, and support those affected by the disease. While deaths from breast cancer have declined by 44% between 1989 and 2022, breast cancer remains a serious medical condition that when detected early results in better health outcomes. This makes awareness of risk factors and screening the best options to reduce the burden of breast cancer.

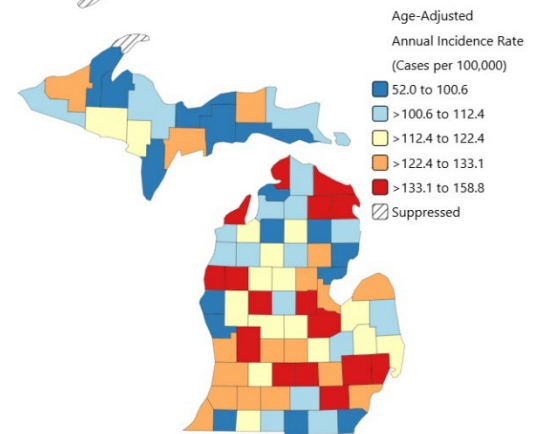
#### Did You Know?

- Breast cancer is the second leading cause of death from cancer in American women, second to lung cancer
- There were on average 118.7 new cases of breast cancer identified per 100,000 individuals per year in Grand Traverse County from 2017-2021
  - This places Grand Traverse County at the 37<sup>th</sup> highest incidence rate of breast cancer among the 82 counties that had available data in Michigan
- Since 2005 there has been a small but steady increase in breast cancer rates in American women
- Breast cancer rarely occurs in men, and usually develops a lump that can be felt, making screening tests, such as mammograms, not useful for men

#### Incidence Rates for Michigan by County

Breast (All Stages<sup>a</sup>), 2017-2021

All Races (includes Hispanic), Female, All Ages



Sources: [Interactive Maps, State Cancer Profiles](#)  
[Breast Cancer Prevention - NCI](#)

### What Causes Breast Cancer and The Purpose of Screening

Breast cancer, like most types of cancer, is defined by changes in DNA that can result in uncontrolled cell growth and expansion. Some of these changes in DNA are inherited, but most occur as random events throughout a woman's life. It's important to note that changes in DNA do not necessarily mean a woman will develop breast cancer. There is a complex relationship between the DNA mutations that occur over time and the environment we interact in, and this relationship currently isn't understood completely. While there is no one exposure that causes breast cancer, current scientific research has found that some exposures can increase or decrease the risk of developing breast cancer.

### Breast Cancer Risk Factors and Protective Factors

Risk Factors					Protective Factors		
Age	Family History	Breast Density	Obesity	Alcohol	Early Pregnancy	Breast Feeding	Physical Exercise
The major risk factor for breast cancer is advancing age.	Women with a family history of breast cancer, especially in a first-degree relative (mother, sister, or daughter), have an increased risk of breast cancer	Women with dense breasts have increased risk, proportionate to the degree of density	Obesity increases the risk of breast cancer, especially in postmenopausal women who have not used hormone therapy	Alcohol consumption is associated with increased breast cancer risk in a dose-dependent fashion	Women who have a full-term pregnancy before age 20 years have decreased breast cancer risk	Women who breast-feed have a decreased risk of breast cancer, proportional to the duration of breastfeeding	Physical exercise is associated with reduced breast cancer risk

The graphic on the left describes risk factors and protective factors. Risk factors, which were identified through epidemiological research, are shown to be associated with increased odds of developing breast cancer. Protective factors, also identified through epidemiologic research, are shown to decrease the odds of developing breast cancer. While most of these factors cannot be changed or modified, knowing if you're at increased risk of breast cancer is important for determining when to screen.

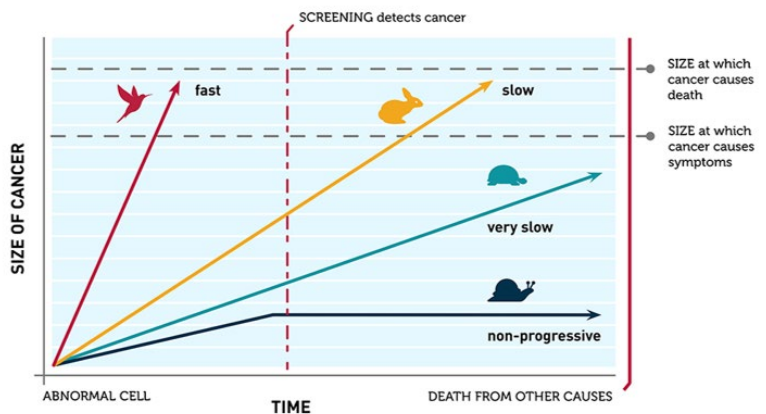
Sources: [Breast Cancer Prevention \(PDQ®\) - NCI](#)  
[Breast cancer - Symptoms and causes - Mayo Clinic](#)

### Screening (Mammogram)

Screening is used to detect breast cancer before symptoms occur, with the goal of detecting cancer at an earlier stage when it can be treated and may be cured. A mammogram, which is normally a two-view x-ray of the breasts, is the most common type of screening. The National Cancer Institute has estimated that from 1975 to 2020 mammography screening prevented 250,000 deaths.

The graph on the right depicts how screening mammograms work. Mammograms can detect potentially cancerous cells before they start to exhibit symptoms. However, the ability to detect cancers depends on how quickly the cancer cells are growing, and how frequently screening mammograms are performed.

Having known risk factors for breast cancer, especially genetic, play an important role in determining when and how often to screen for breast cancer. Ultimately, when and how often to screen is a decision best made after discussing with your primary health care provider.



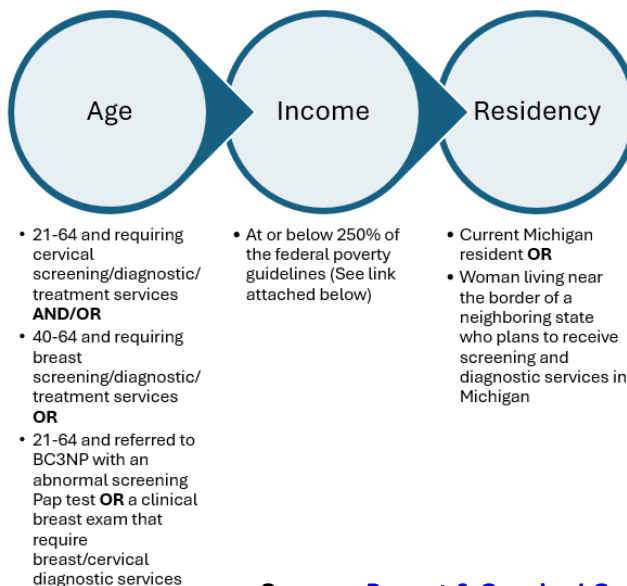
**Sources:** [Breast Cancer Screening \(PDQ®\) - NCI](#)  
[Screening for Breast Cancer | Breast Cancer | CDC](#)

### Resource Highlight: Breast & Cervical Cancer Control Navigation Program (BC3NP)

Screening Services	Diagnostic Services	Cancer Treatment
<ul style="list-style-type: none"> <li>Pap smears (ages 21-64)</li> <li>Screening mammograms (ages 40-64)</li> <li>MRI's – based on client personal and family risk</li> </ul>	<ul style="list-style-type: none"> <li>Diagnostic Mammograms</li> <li>Ultrasounds</li> <li>MRI's</li> <li>Breast biopsy</li> <li>Colposcopy services</li> <li>Medical consultations</li> </ul>	<ul style="list-style-type: none"> <li>If breast or cervical cancer is diagnosed through BC3NP, a woman may be eligible for Medicaid coverage</li> <li>If eligible, Medicaid will pay for all medical expenses as long as she is being treated for the cancer</li> </ul>

BC3NP is a program funded through the CDC that provides low-income women access to screening services and follow up diagnostic services if needed. While this program does not cover the cost for treatment of cancer, women may be eligible for enrollment in Medicaid to cover the cost of treatment.

**Eligibility:** The following **MUST** be determined **PRIOR** to enrolling women in BC3NP



There are specific requirements to be eligible to enroll in BC3NP. The specific requirements for age, income, and residency are all described in the graphic to the right. Of note, women who are enrolled in a managed care program, a health maintenance organization, or Medicare Part B are not eligible for the BC3NP. For questions about eligibility or how to enroll, see the contact information below.

#### Program Contact

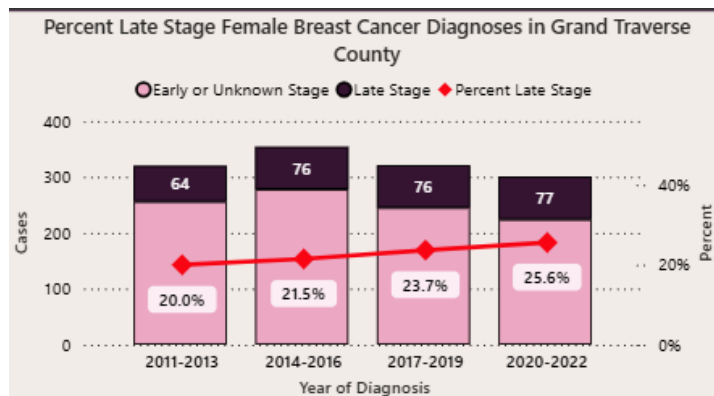
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**Source:** [Breast & Cervical Cancer Control Navigation Program \(BC3NP\)](#)

### Breast Cancer in Grand Traverse County

Currently, all stages of breast cancer cases have remained relatively similar from 2011-2022. This is shown by the total bar height in the graph below. However, the amount of late-stage cancer is starting to trend up as seen by the red line. In 2022 Grand Traverse County had 76.4% of women aged 50-74 report having a mammogram in the last two years. This is below the national level of 76.5% and the Healthy People 2030 target of 80.3%. Collectively, breast cancer awareness and risk factor awareness need to be highlighted to increase screening in Grand Traverse County. Increased screening helps identify breast cancer before it's in its later stages and improves health outcomes.



The Grand Traverse County Health Department currently offers breast and cervical cancer screening services and follow-up care, if needed, through the BC3NP program. Additionally, we offer additional free to low-cost services, not subjected to BC3NP eligibility requirements, such as annual exams and breast exams for people ages 12 and up by appointment. Appointments can be made by calling (231) 995-6113.

Sources: [Michigan Cancer Dashboard: Female Breast Cancer in Michigan](#)  
[Clinical Health | Grand Traverse County, MI](#)  
[MiThrive Health/Cancer Grand Traverse County](#)

### FAQ

**Q: How are screening and diagnostic mammograms different?**

**A:** While the same machine can be used for both screening and diagnostic mammograms, **diagnostic mammograms require more images to be taken compared to a standard two view screening mammogram.** This results in diagnostic mammograms taking more time to perform and a greater amount of radiation exposure because more photos are needed to get views on several different angles. Additionally, magnified or zoomed in images may be taken on specific suspect areas to help the doctor make a more accurate diagnosis. Screening mammograms use significantly less radiation and are faster which suits the purpose of screening.

[Mammograms - NCI](#)

**Q: How often should I be screened for breast cancer?**

**A:** The US Preventive Services Task Force currently recommends that all women get screened for breast cancer every other year, starting at age 40 and continuing through age 74. This reflects the current general recommendations, but there are situations in which screening at younger ages or greater frequencies would be recommended. Specifically, having known risk factors such as a family history of breast cancer or genes associated with breast cancer development could call for additional screening. How often and at what age to start screening is a decision best made after discussing with your primary health care provider.

[Recommendation: Breast Cancer: Screening | United States Preventive Services Taskforce](#)  
[Breast Cancer Screening \(PDQ®\) - NCI](#)

**Q: My mammogram for breast cancer came back as abnormal, does that mean I have breast cancer?**

**A:** An abnormal mammogram does not always mean that there is cancer. Screening mammograms do not have the ability to diagnose breast cancer and further imaging or tests that have greater sensitivity are needed to determine if there is or is not breast cancer. Additionally, while 90% of all women without breast cancer will have a negative mammogram, it is still possible for false positives to occur.

[About Mammograms | Breast Cancer | CDC](#)  
[Breast Cancer Screening \(PDQ®\) - NCI](#)