Breast Cancer Disparities

Breast Cancer Facts

Most common cancer diagnosed in women in the US and Oklahoma.

2nd most common cause of cancer death among women in US and Oklahoma.

Less than 1% of all breast cancers are diagnosed in men.

1 in 8 women will develop breast cancer during her lifetime.

Among Oklahoma women alive in 2000, 250,680 will develop breast cancer sometime in their lifetime.

Each year in OK:
- 2,500 women will be diagnosed, and
- 475 will die of breast cancer.

Each year in the US:
- 184,200 women will be diagnosed, and
- 41,200 will die of breast cancer.

White women were slightly (1.1 times) more likely to be diagnosed with breast cancer in Oklahoma.

African American women were 1.7 times more likely to die from breast cancer compared to White women.

Over 40% of African-American and American Indian women were diagnosed with breast cancer at a regional or distant stage compared to 29% of White and 33% of Hispanic women.

In 2002, Oklahoma ranked as the 6th worst in the U.S. for the highest percentage of women who haven’t had a mammogram in 5 or more years.

From 1997-2001, Oklahoma’s rate of breast cancer incidence was better than the U.S. (70.3 vs. 72.5/100,000).

In 1999-2001, Oklahoma ranked 24th worst in breast cancer mortality in the U.S.

Early Detection

BREAST CANCER SCREENING
- Perform monthly breast self examinations.
- Have a clinical breast exam every year after the age of 21.
- Get your first screening mammogram at 40 years of age.

Note: If you have risk factors for breast cancer, you may need to have your mammogram at an earlier age.

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Risk Factors

Risk factors for breast cancer include overweight or obesity, heavy alcohol use, limited physical activity and poor nutrition.

Currently, the percent of women who are obese or overweight are similar between the US and Oklahoma. In the near future, however, the percent of obesity or overweight women in

Continued on page 2
Risk Factors— continued

Oklahoma will likely exceed that of U.S. women. Oklahoma women are more likely to report they do not participate in leisure-time physical activity and more likely to report they do not eat the recommended levels of fruits and vegetables. If this trend continues, increasing rates of obesity and overweight will not be far behind. Oklahoma women are less likely to report heavy alcohol use.

Prevalence of Cancer Risk Factors
BRFSS 2002

Incidence

Breast cancer incidence increases with age. As women get older, their chance of being diagnosed with breast cancer increases.

The risk of being diagnosed with breast cancer also varies by race and ethnicity.

White women are more likely than women of other races to be diagnosed with breast cancer. American Indian women are least likely to be diagnosed.

This may finding, however, be less reflective of a difference in the actual disease process and more indicative of decreased or limited access to screening opportunities.
Early Detection: continued

Breast Cancer Screening
BRFSS 2002

Women 40+ yrs without a Mammogram in 2 years by Education Oklahoma

Women 40+ yrs without a Mammogram in 2 years by Income Oklahoma

Women 40+ yrs without a Mammography in 2 years by Insurance Status Oklahoma

Staging

One in eight female breast cancers are diagnosed In situ and half (49.5%) are diagnosed Localized. Women with either an In situ or Localized diagnosis have excellent chances of survival with proper treatment.

Approximately 1 in 4 women (23.1%) are diagnosed at a Regional stage and 1 in 20 are diagnosed at a Distant stage. Women who are diagnosed at an advanced stage are less likely to survive more than 5 years.

Percentage Breast Cancers Diagnosed at Regional or Distant Stage: OCCR 1997-2001

<table>
<thead>
<tr>
<th>Stage</th>
<th>5-yr relative survival rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0—In Situ</td>
<td>100%</td>
</tr>
<tr>
<td>I—Localized</td>
<td>98%</td>
</tr>
<tr>
<td>IIA—Regional</td>
<td>88%</td>
</tr>
<tr>
<td>IIB—Regional</td>
<td>76%</td>
</tr>
<tr>
<td>IIIA—Regional</td>
<td>56%</td>
</tr>
<tr>
<td>IIIB—Regional</td>
<td>49%</td>
</tr>
<tr>
<td>IV—Distant</td>
<td>16%</td>
</tr>
</tbody>
</table>

Percent Survival by Stage

Highest Rates
Moderately High Rate
Slightly Higher than the State
Below the State Rates

<table>
<thead>
<tr>
<th>State</th>
<th>OCCR 1997-2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>35.7%</td>
</tr>
<tr>
<td>SWODA</td>
<td>35.9%</td>
</tr>
<tr>
<td>ACOG</td>
<td>35.9%</td>
</tr>
<tr>
<td>SODA</td>
<td>36.2%</td>
</tr>
<tr>
<td>OEDA</td>
<td>37.3%</td>
</tr>
<tr>
<td>KEDDO</td>
<td>39.0%</td>
</tr>
<tr>
<td>GGEDA</td>
<td>41.6%</td>
</tr>
</tbody>
</table>
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Newsletter prepared by 
Health Care Information 
Division, Oklahoma State 
Department of Health

Good News!

Breast and Cervical Cancer 
Treatement Medicaid Plan 
Amendment
Effective January 1, 2005, the State of 
Oklahoma began providing Medicaid 
benefits to uninsured women under 65, 
who are identified through the National 
Breast and Cervical Cancer Early 
Detection Program (NBCCEDP) and 
are in need of diagnosis and treatment 
for breast or cervical cancer (including pre-cancerous conditions and early 
stage cancer).

- SB 741—Amended May 2001 
  Directs the Health Care Authority 
  to develop a program for Medicaid 
  eligibility and services for 
  individuals in need of breast or 
  cervical cancer treatment.
- SB 978—April 2004 Appropriation 
  of $2 Million to Oklahoma Health 
  Care Authority
- HB 2552 — May 2004 “Belle 
  Maxine Hilliard Breast and 
  Cervical Cancer Treatment 
  Revolving Fund”

Mortality

African American women are more likely to die from breast cancer 
than White, American Indian or Hispanic women.

This is most likely related to delayed diagnosis which results in 
both later stage disease and delays in treatment.

Breast Cancer Mortality Rate 
by Age Oklahoma 2002

Breast Cancer Mortality Rate 
by Race/Ethnicity Oklahoma 2002

Breast Cancer 
Who gets it and who dies from it?

<table>
<thead>
<tr>
<th>Race</th>
<th>Age-Adjusted Incidence Rate 1997-2001</th>
<th>Percent Regional or Distant Stage 1997-2001</th>
<th>Adjusted Death Rate 1999-2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>71.6</td>
<td>28.8%</td>
<td>13.9</td>
</tr>
<tr>
<td>African -American</td>
<td>64.8</td>
<td>40.4%</td>
<td>23.3</td>
</tr>
<tr>
<td>American Indian</td>
<td>58.3</td>
<td>40.0%</td>
<td>14.2</td>
</tr>
</tbody>
</table>

Available Services

- Breast and cervical cancer and pre-cancer diagnosis and treatment
- Medicaid coverage that includes the full range of services (not only cancer treatment)
- Medicaid eligibility continues until the woman is no longer need breast or cervical cancer treatment.

Once a woman has an abnormal screening (clinical breast exam, 
mammogram, or pap smear) and has been found to be in need of further 
diagnosis and treatment, you or your 
healthcare provider can call 1-866-550- 
5585 to see if you qualify and how to 
apply for Oklahoma Cares.

If you have been previously diagnosed 
with breast or cervical cancer and are 
still undergoing treatment and meet all 
of the other eligibility criteria, you may 
be eligible for this program. Call the 
Oklahoma State Department of Health 
to find out how.

For more information, call this toll-
free number: 866-550-5585 (V/TDD)