Rx: Health Care FYI #38

Subject: *Winning the race to cure Breast Cancer*
From: *Rep. Tim Murphy (PA-18)*

The problem: In the United States, one woman is diagnosed with breast cancer every three minutes, and one woman dies of breast cancer every 13 minutes.[1] Breast cancer is the second-leading cause of cancer deaths in women—only lung cancer is more deadly. In 2006, about 40,970 women and 460 men will die from breast cancer in the U.S.[2]

What is breast cancer?

- A type of cancer where cells in the breast tissue divide and grow into tumors. Cancerous tumors in the breast usually grow very slowly so that by the time one is large enough for detection, it may have been growing for as long as ten years.[3] Cancer is a chronic disease that affects the family, community, and society.

Breast Cancer is a national health care crisis:

- In 2006, 212,920 new cases of invasive breast cancer will be diagnosed among women in the United States. An estimated 1,720 cases of invasive breast cancer will be diagnosed in men in 2005. [4]
- In 2006, nearly one of every three cancers diagnosed in American women is for breast cancer. The chance of developing invasive breast cancer at some time in a woman's life is about 1 in 8 (13% of women).[5]
- There are slightly over 2 million breast cancer survivors in the United States.[6]
- Death rates from breast cancer have been declining since 1990, and these decreases are believed to be the result, in part, from earlier detection and improved treatment.[7]

What are the risk factors for breast cancer?

- Gender: Men can develop breast cancer, but this disease is about 100 times more common among women.
- Aging: 18% of breast cancer diagnoses are among women in their 40s, 77% of women with breast cancer are older than 50 when they are diagnosed.
- Genetic risk factors: 5% to 10% of breast cancer cases are hereditary as a result of gene changes.[8]

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[1] American Cancer Society. Cancer Facts and Figures. 2006.: Susan G. Komen Foundation
[2] American Cancer Society. What are the key statistics for breast cancer? November 2, 2005.
[3] Susan G. Komen Foundation. What is breast cancer? 2006.
[4] American Cancer Society. Cancer Facts and Figures. 2006.
[5] Ibid.
[6] American Cancer Society. What are the key statistics for breast cancer? November 2, 2005.
[7] National Cancer Institute. U.S. National Institutes of Health. Digital vs. Film Mammography in the Digital Mammographic Imaging Screening Trial (DMIST): Questions and Answers. November 16, 2005.
[8] American Cancer Society. What are the risk factors for breast cancer? November 2, 2005.

The federal government's role:

- The National Breast and Cervical Cancer Early Detection Program (NBCCEDP): Is funded through a federal/state cooperative agreement which provides free or low cost mammograms for low-income women. The program has provided 5.8 million screening exams to more than 2.5 million underserved women, diagnosing more than 22,000 breast cancers; 76,000 precancerous cervical lesions; and 1,500 cervical cancers. The success of the program has contributed to a nearly 20 percent increase in mammography use among women over age 50 since the program's inception in 1991. The program is currently funded at $205 million and expires at the end of Fiscal Year (FY) 06.[9]
- U.S. Department of Defense Breast Cancer Research Program: Congress has appropriated $1.81 billion in FY 92–05 for the U.S. Department of Defense Breast Cancer Research Program.[10] As of May 4, 2006 the Military Quality of Life Appropriations Subcommittee appropriated $115 million for the Department of Defense Breast Cancer Research Program. This is a reduction of $35 million from 2005.[11]
- The Breast Cancer Research Stamp: Was introduced in July 1998 and has raised $42.7 million, net of U.S. Postal Service costs for the NIH and DOD to support research in treating breast cancer. In 2005, the stamp provided $1,873,797 for breast cancer research. The program expired on December 31, 2005.[12]

Breast Cancer research is yielding results:

- A study by the National Cancer Institute (NCI) showed that patients treated with a new drug (Herceptin) in combination with chemotherapy had a 33 percent reduction in risk of death, compared to patients who received chemotherapy without the drug.[13]
- Another NCI study found that almost half of U.S. women who had been diagnosed with certain types of breast cancer that had not spread to the lymph nodes may, in fact, not need to go through the discomfort and side effects of chemotherapy.[14]

Recommendations:

- Reauthorize the National Breast and Cervical Cancer Early Detection Program for another five years to ensure early detection of breast cancer in low-income populations.
- Reauthorize the Breast Cancer Research Stamp program to continue federal efforts to support lifesaving breast cancer research.
- Support research on treatments, diagnosis or causes to determine if there is an environmental link to decreasing the risk factors for developing breast cancer.

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[9] American Cancer Society. The National Breast and Cervical Cancer Early Detection Program. Backgrounder. April 2006.
[10] U.S. Department of Defense. Fact Sheet. Department of Defense Breast Cancer Research Program. November 30, 2005.
[11] U.S. House Committee on Appropriations. Subcommittee on Military Quality of Life and Veterans Affairs, and Related Agencies. May 19, 2006.
[12] U.S. Department of the Army. Table B-1. FY04–05 Breast Cancer Research Program Congressional Language and Appropriations, Withholds and Management Costs, and Execution of Investment Strategy. 2005.
[13] National Cancer Institute. Herceptin® Combined With Chemotherapy Improves Disease-Free Survival for Patients With Early-Stage Breast Cancer. October 24, 2005.
[14] National Cancer Institute. Molecular Test Can Predict Both the Risk of Breast Cancer Recurrence and Who Will Benefit From Chemotherapy. December 10, 2004.