

Why are there racial and ethnic differences in rates of breast cancer?

Some populations are more likely than others to have certain risk factors for breast cancer. These differences may help explain differences in incidence rates. Risk factors that vary by race and ethnicity include:

- Age at first period
- Age at menopause
- Age at first childbirth
- Body weight
- Number of childbirths
- Menopausal hormone therapy (postmenopausal hormone use)

Studies are looking at other reasons for these differences.



Resources

Susan G. Komen®
1-877 GO KOMEN (1-877-465-6636)
www.komen.org

American Cancer Society
1-800-ACS-2345
www.cancer.org

Intercultural Cancer Council
www.iccnetwork.org

National Cancer Institute
1-800-4-CANCER
www.cancer.gov

Related fact sheets in this series:

- Breast Cancer & Risk
- Breast Cancer Screening and Follow-up Tests

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FACTS FOR LIFE

Racial & Ethnic Differences



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visit komen.org or call
Susan G. Komen's breast care helpline
at 1-877 GO KOMEN (1-877-465-6636)
Monday through Friday, 9 AM to 10 PM ET.

Breast cancer differences

Breast cancer is the most common cancer among women. However, the rates of getting and dying from breast cancer differ among ethnic groups.

Incidence (new cases) rates

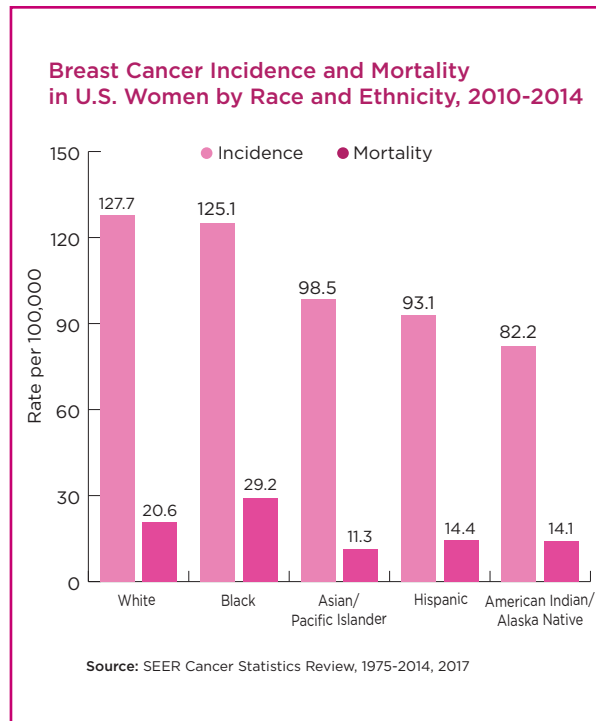
Rates of breast cancer in the U.S vary by race and ethnicity. White and African-American women have the highest incidence and Asian/Pacific Islander women have the lowest incidence. Overall, the breast cancer incidence rate among African-American women is slightly lower than in white women in the U.S. However, among women under age 40, African-American women have a higher incidence of breast cancer than white women.

New immigrants to the U.S. tend to have rates of breast cancer similar to those in their home countries. Over generations, the daughters and granddaughters of immigrants tend to have a risk similar to other women born in the U.S.

Mortality (death) rates

In the U.S., African-American women have higher breast cancer mortality rates than women from other racial and ethnic groups, about 40 percent higher for African-American women than white women.

Hispanic/Latina women are more likely to die from breast cancer than white women diagnosed at a similar age and stage.



These differences in survival may be due to differences in tumor biology and access to timely and quality health care. For example, African-American women are more likely than other women to be diagnosed with triple negative breast cancer, an aggressive breast cancer.

Women of some races/ethnicities are more likely than others to have delays in diagnosis and treatment. These delays can impact survival. A delay in diagnosis can lead to a later stage at diagnosis. Most often, the higher the stage of the cancer, the poorer the prognosis. African-American women and Hispanic/Latina women are more likely than white women to be diagnosed with late stage breast cancers.

Screening may save lives

Getting regular screenings (along with treatment if diagnosed) lowers the risk of dying from breast cancer. Screening tests can find breast cancer early, when the chances of survival are highest. Talk with a doctor about which screening tests are right for you.

African-American women in the U.S. have slightly higher rates of breast cancer screening than white women.

In 2015 (most recent data available), among women 40 and older, 69 percent of African-American women, 65 percent of white women, 61 percent Hispanic/Latina women, 60 percent American Indian and Alaska Native women and 59 percent of Asian-American women reported having had a mammogram in the past 2 years.

