Mammography (Breast Cancer)
Screening Information for Providers

Indian Health Service
National GPRA Team
Mammography Screening

- Measures the proportion of eligible patients who have had mammography screening

- Includes women age 52-64, and looks back two years to see if a patient has had a mammogram
  - This logic follows recommendations to begin screening at age 50

- Was first reported as a GPRA measure FY 2003
Measure Logic

- **Denominator**: Female Active Clinical patients ages 52-64, without a documented bilateral mastectomy or two separate unilateral mastectomies

- **Numerator**: All patients who had a Mammogram documented in the past two years.
Federal and Tribal GPRA Results

Cancer Screening: Breast (Mammography)
AI/AN women (age 52-64) who have received mammography screening within the previous two years.

HP 2020 Goal = 81.1%

Percent

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<tr>
<td></td>
<td>45</td>
<td>45</td>
<td>48</td>
<td>49.8</td>
<td>51.9</td>
<td>53.8</td>
<td>54.2</td>
<td>54.5</td>
<td>54.8</td>
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Breast Cancer Statistics 1

Breast cancer in the United States is:

- The most common cancer in all women, regardless of race or ethnicity

- The third most common cause of death from cancer among American Indian/Alaska Native women (after lung cancer and colorectal cancer)

Source: CDC, Cancer Among Women
Breast Cancer Statistics 2

- About 1 in 8 US women (12%) will develop invasive breast cancer during her lifetime
  - In 2016 there were more than 2.8 million women with a history of breast cancer in the US

- Estimates for 2017:
  - There will be 225,180 new cases of invasive breast cancer in women, and 63,410 cases of non-invasive breast cancer will be diagnosed
  - There will be 40,610 deaths from breast cancer

Source: “US Breast Cancer Statistics”

- Breast cancer incidence rates among AI/AN women varied across IHS regions
  - The highest rates were in Alaska (134.8) and the Plains (Northern, 115.9; Southern, 115.7), and the lowest rates were in the Southwest (50.8)
  - The rate in Alaska was similar to the rate among non-Hispanic white women in Alaska

Breast Cancer Mortality among AI/AN women 1990-2009

- While the overall breast cancer death rate was lower in AI/AN women compared to white women, death rates among AI/ANs age 40-49 were higher than white in the Alaska region, and for AI/AN women age 65 and up in the southern plains.
  - White death rates significantly decreased in this period but overall AI/AN death rates were unchanged.

Breast Cancer Risk Factors

- Risk factors for breast cancer include:
  - Age: risk increases with age
  - A personal history of breast abnormalities or breast cancer
  - Genetic factors (inherited changes in certain genes including BRCA1 and BRCA2 increase the risk of breast cancer)
  - Long term use of hormone therapy
  - Age at first menstrual period/menopause/first live birth
  - Breast cancer among close relatives
  - Obesity
  - Low levels of physical activity
Risk of Breast Cancer Increases with Age:

<table>
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<tr>
<th>Age</th>
<th>Risk of Diagnosis of Breast Cancer within next 10 years</th>
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<tr>
<td>30</td>
<td>.44% (1 in 227)</td>
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<tr>
<td>40</td>
<td>1.47% (1 in 68)</td>
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<tr>
<td>50</td>
<td>2.38% (1 in 42)</td>
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<td>60</td>
<td>3.56% (1 in 28)</td>
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Screening Recommendations from the USPSTF

- The USPSTF recommends biennial screening mammography for women aged 50 to 74 years
  - Recommendations were updated in 2016

- The USPSTF recommends against regular mammography before age 50 or after age 74
  - Women age 40-49 at average risk may still choose to begin biennial screening, but the risk of false positive results and unnecessary biopsies is higher than in other groups
  - Insufficient evidence of benefit to screening women over age 74

ACOG, AMA, and ACS recommendations

- ACOG: annual mammography screening beginning at age 40

- AMA: annual screening for all women starting at age 50, but women may choose to start at age 40

- ACS: annual mammography screening starting at age 45, and biennial mammography screening starting at age 55

Source: Facing Our Risk of Cancer Empowerment
Notes on Data Entry for Mammography Screening in CRS

- Mammograms obtained elsewhere can be recorded as “historical” data

- Active patients who have had a mammogram recorded on their chart and coded properly will “count” toward a program’s mammography rate, regardless of where the patient obtained the mammogram
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