



**Our Vision:** A world where no one dies from breast cancer—and ultimately, where no one ever gets it.

**Our Mission:** To end breast cancer through the power of action and advocacy.

## Our Priorities

**Research:** NBCC creates new models of research, brings significant funding to scientists for meaningful research, and oversees how funds are spent.

NBCC leads collaborations that set research priorities and change systems. Through our Artemis Project®, advocates and scientists work side-by-side to identify and answer the questions vital to ending breast cancer.

NBCC's Clinical Trials Initiative ensures trained breast cancer survivors are included in the entire planning and implementation process and that policies encourage access to trials and mandate insurance coverage for participants.

**Access:** NBCC believes everyone should have access to the care they need, and no one should be denied coverage due to an inability to pay.

NBCC works to improve access to quality breast cancer care for all, from appropriate screening policies to diagnosis, treatment, and care—particularly for the underserved and uninsured—through legislation and change in the delivery of health care.

NBCC developed a framework for a system and principles of quality care that includes coverage of evidence-based, meaningful, and cost-effective care; increased efficiency; and improved communication.

**Influence:** NBCC demanded—and won—a place for advocates wherever breast cancer decisions are made: in Washington, DC and state capitals, laboratories and health care institutions, and communities everywhere.

NBCC empowers advocates to bring an informed patient perspective in designing research, determining quality care, establishing a legislative agenda, and other highly specialized areas of breast cancer activism. Science education programs like Project LEAD®, public policy academies, and leadership training sessions prepare lay advocates to meaningfully impact research, public policy, and health care.

NBCC and NBCC advocates tell the truth about breast cancer and work to change the conversation from awareness to action.

## Our Values

- **Urgency:** We must end breast cancer now.
- **Tenacity:** Until breast cancer is ended, we will never give up and will never back down.
- **Questioning:** We challenge the status quo, view everything with a critical eye, and analyze all information before we act.
- **Courage:** We ask hard questions and make difficult decisions. When the evidence dictates, we reject popular or accepted thinking.
- **Knowledge:** We do our homework and make strategic choices based on evidence.
- **Inclusion:** We require diversity of thought, action, and perspective in everything we do. We want everyone at the table.
- **Focus:** We strategize how to have meaningful impact; we bring about real change.
- **Integrity:** We are committed to our mission and hold ourselves and others accountable for positions and actions taken.
- **Innovation:** We challenge ourselves and others to create new models and approaches.
- **Compassion:** No one else should suffer.

## Our Accomplishments

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**Building a Thousands-Strong Grassroots Advocacy Network:** NBCC links hundreds of organizations and tens of thousands of individuals nationwide in a dynamic, diverse coalition to achieve our mission and give breast cancer advocates a meaningful voice.

**Creating the Department of Defense (DOD) Peer-Reviewed Breast Cancer Research Program (BCRP):** NBCC advocacy led to the creation of the DOD BCRP—and more than \$4 billion in new federal funding for breast cancer research. NBCC advocates monitor funding and ensure dollars are well spent on meaningful research.

**Educating Thousands of Breast Cancer Advocates:** More than 2,500 advocates have graduated from the Project LEAD Institute, a training program in the language, concepts, and processes they must understand to participate in breast cancer research. Thousands have attended the annual Advocate Leadership Summit, gaining exposure to the latest thinking on and leading minds in research and public policy. The year-long Public Policy Academy program gives advocates additional training and knowledge on the ins and outs of Congress, empowering them to push for change on Capitol Hill.

**Implementing the National Action Plan on Breast Cancer:** NBCC grassroots advocates delivered more than 2.6 million signatures on a petition to President Clinton, sparking the launch of the National Action Plan on Breast Cancer and resulting in a greater emphasis on women's health initiatives from the White House.

**Increasing Access to Care:** NBCC drafted and fought for the passage of federal and state laws ensuring that underserved and uninsured women diagnosed with breast or cervical cancer were guaranteed access to quality treatment, launching a system of health care for tens of thousands of women.

**Leading New Approaches to Metastatic Breast Cancer Research:** Through NBCC's Artemis Project and other research work, top researchers and trained advocates work together to set research priorities and design and implement research plans, moving us closer to knowing how to prevent metastasis and stop deaths from breast cancer.

**Shaping Clinical Trials:** NBCC has been a key partner in many seminal clinical trials, working with research organizations to improve trial design and monitoring, increase access and accrual, educate the medical community and consumers, and promote the initiation of high-quality breast cancer trials.

**Spearheading a Preventative Vaccine:** Artemis Project participants have created a strategic plan for a preventative vaccine, identified vaccine targets, and begun pre-clinical work. The vaccine is now moving toward a Phase 1 clinical trial.

## Our Accolades

NBCC is a **four-star CharityNavigator nonprofit**, a **Better Business Bureau Accredited Charity**, and a **gold-level GuideStar/Candid participant**. NBCC has an **"excellent" rating from the American Institute of Philanthropy** for effective use of funds raised and was identified by Charity Watch as a **top-rated breast cancer charity**.

## Join Us. Save Lives.

Visit [stopbreastcancer.org](http://stopbreastcancer.org) to learn more about NBCC's work to end breast cancer-- and how you can support our mission.



**Nuestra visión:** Un mundo donde nadie muera de cáncer de mama y, en última instancia, donde nadie lo padezca jamás.

**Nuestra misión:** Poner fin al cáncer de mama a través del poder de la acción y la defensa.

## Nuestras prioridades

**Investigación:** NBCC crea nuevos modelos de investigación, proporciona fondos significativos a los científicos para investigaciones relevantes y supervisa el uso de esos fondos.

La NBCC lidera colaboraciones que establecen prioridades de investigación y transforman los sistemas. A través de nuestro Artemis Project®, defensores y científicos trabajan juntos para identificar y responder a las preguntas cruciales para poner fin al cáncer de mama.

La Iniciativa de Ensayos Clínicos de la NBCC asegura que se incluyan a sobrevivientes de cáncer de mama capacitados en todo el proceso de planificación e implementación, y que las políticas promuevan el acceso a los ensayos y requieran la cobertura del seguro médico para los participantes.

**Acceso:** NBCC cree que todas las personas deben tener acceso a la atención médica que necesitan, y que a nadie se le debe negar la cobertura sanitaria debido a su incapacidad de pago.

La NBCC trabaja para mejorar el acceso a una atención de calidad para el cáncer de mama para todos, desde políticas de detección adecuadas hasta el diagnóstico, tratamiento y cuidado, especialmente para las personas desatendidas y sin seguro, a través de la legislación y cambios en la prestación de servicios de salud.

La NBCC desarrolló un marco para un sistema y principios de atención de calidad que incluye la cobertura de atención médica significativa, económica y basada en evidencia; mayor eficiencia; y mejor comunicación.

**Influencia:** NBCC exigió—y logró—un lugar para los defensores en cualquier lugar donde se tomen decisiones sobre el cáncer de mama: en Washington, DC, las capitales estatales, los laboratorios, las instituciones de salud y las comunidades en todas partes.

La NBCC empodera a los defensores para que aporten una perspectiva informada del paciente en el diseño de investigaciones, la determinación de la calidad de la atención médica, el establecimiento de una agenda legislativa y otras áreas altamente especializadas del activismo en cáncer de mama. Los programas de educación científica como Project LEAD®, las academias de políticas públicas y las sesiones de capacitación en liderazgo preparan a los defensores comunitarios para impactar de manera significativa en la investigación, las políticas públicas y la atención médica.

La NBCC y sus defensores dicen la verdad sobre el cáncer de mama y se esfuerzan por transformar la conversación de la concienciación a la acción.

## Nuestros valores

- **Urgencia:** Debemos poner fin al cáncer de mama ahora.
- **Tenacidad:** Hasta que se erradique el cáncer de mama, nunca nos rendiremos ni daremos marcha atrás.
- **Cuestionamiento:** Desafiamos el statu quo, examinamos todo con ojo crítico y analizamos toda la información antes de actuar.
- **Valor:** Planteamos preguntas difíciles y tomamos decisiones difíciles. Cuando la evidencia lo exige, rechazamos el pensamiento popular o aceptado.
- **Conocimiento:** Investigamos a fondo y tomamos decisiones estratégicas fundamentadas en evidencia.
- **Inclusión:** Insistimos en la diversidad de pensamiento, acción y perspectiva en todo lo que hacemos. Queremos que todos participen.
- **Enfoque:** Estrategizamos cómo tener un impacto significativo; provocamos un cambio real.
- **Integridad:** Estamos comprometidos con nuestra misión y nos responsabilizamos a nosotros mismos y a los demás por las posiciones y acciones tomadas.
- **Innovación:** Nos retamos a nosotros mismos y a los demás a crear nuevos modelos y enfoques.
- **Compasión:** Nadie más debería tener que sufrir.

## Nuestros logros

**Construcción de una red de defensa de base de miles de personas:** La NBCC conecta a cientos de organizaciones y decenas de miles de individuos en todo el país en una coalición dinámica y diversa para lograr nuestra misión y dar una voz significativa a los defensores del cáncer de mama.

**Creación del Programa de Investigación sobre el Cáncer de Mama (BCRP) revisado por pares del Departamento de Defensa (DOD):** La defensa de la NBCC llevó a la creación del BCRP DOD y a más de \$4 mil millones en nuevos fondos federales para la investigación del cáncer de mama. Los defensores de la NBCC supervisan la financiación y aseguran que los recursos se gasten bien en investigaciones significativas.

**Educación de miles de defensores del cáncer de mama:** Más de 2,500 defensores han completado el Project LEAD Institute, un programa de capacitación sobre el lenguaje, los conceptos y los procesos que deben comprender para participar en la investigación del cáncer de mama. Miles de personas han asistido a la Advocate Leadership Summit, la cumbre anual de liderazgo de defensores, obteniendo acceso a las ideas más recientes y a las mentes líderes en investigación y políticas públicas. El programa de un año de duración de la Public Policy Academy ofrece a los defensores capacitación y conocimientos adicionales sobre los entresijos del Congreso, empoderándolos para abogar por cambios en el Capitolio.

**Implementación del Plan de Acción Nacional sobre el Cáncer de Mama:** Los defensores de base de la NBCC entregaron más de 2.6 millones de firmas en una petición al presidente Clinton, lo que impulsó el lanzamiento del Plan de Acción Nacional sobre el Cáncer de Mama y resultó en un mayor énfasis en las iniciativas de salud para las mujeres desde la Casa Blanca.

**Aumento del acceso a la atención médica:** NBCC redactó y luchó por la aprobación de leyes federales y estatales que garantizaran a las mujeres desatendidas y sin seguro médico, diagnosticadas con cáncer de mama o de cuello uterino, el acceso a un tratamiento de calidad, estableciendo un sistema de atención médica para decenas de miles de mujeres.

**Liderazgo en nuevos enfoques para la investigación del cáncer de mama metastásico:** A través del Artemis Project® de la NBCC y otros trabajos de investigación, investigadores de primer nivel y defensores capacitados colaboran para establecer prioridades de investigación, así como para diseñar e implementar planes de investigación, acercándonos a descubrir cómo prevenir la metástasis y detener las muertes por cáncer de mama.

**Diseño de ensayos clínicos:** NBCC ha sido un socio clave en numerosos ensayos clínicos fundamentales, colaborando con organizaciones de investigación para mejorar el diseño y la supervisión de los ensayos, aumentar el acceso y la participación, educar a la comunidad médica y a los consumidores, y fomentar el inicio de ensayos de alta calidad sobre el cáncer de mama.

**Impulso de una vacuna preventiva:** Los participantes del Artemis Project® han elaborado un plan estratégico para una vacuna preventiva, identificado objetivos vacunales y comenzado el trabajo preclínico. La vacuna ahora avanza hacia un ensayo clínico de fase 1.

## Nuestros reconocimientos

NBCC es una **organización sin fines de lucro con cuatro estrellas en CharityNavigator**, una **organización benéfica acreditada por el Better Business Bureau** y un **participante de nivel oro en GuideStar/Candid**. La NBCC tiene una **calificación "excelente" del American Institute of Philanthropy** por el uso eficaz de los fondos recaudados y fue identificada por Charity Watch como una **organización benéfica contra el cáncer de mama de primera categoría**.

## Únete a nosotros. Salva vidas.

Visita [www.stopbreastcancer.org](http://www.stopbreastcancer.org) para obtener más información sobre el trabajo de la NBCC para poner fin al cáncer de mama y cómo puedes apoyar nuestra misión.





NATIONAL BREAST CANCER COALITION

# 2025 BREAST CANCER

# FACTS & FIGURES

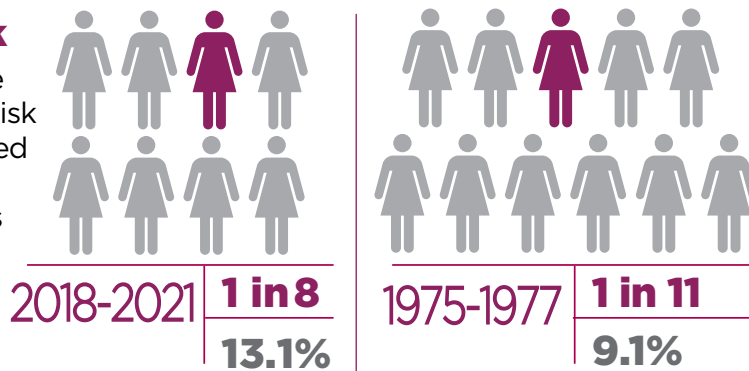
The National Breast Cancer Coalition (NBCC) is a grassroots organization dedicated to ending breast cancer through action and advocacy.

## INCIDENCE

Breast cancer is the most diagnosed cancer among women in the U.S.\* In 2025, there will be an estimated **316,950** new cases of invasive breast cancer in women, **2,800** new cases in men, and an additional **59,080** cases of ductal carcinoma in situ (DCIS)\*\* in women.\*\*\*1

### Lifetime Risk

For women in the U.S., the lifetime risk of being diagnosed with invasive breast cancer has increased since 1975.<sup>2,3</sup>



### Incidence By Age

Older women are more likely to get invasive breast cancer than younger women. From 2017-2021, the median age of a breast cancer diagnosis was 63 years.<sup>2</sup>

\*Excluding basal cell and squamous cell skin cancers, which are not required to be reported to cancer registries, and carcinomas in situ.

\*\*Annual incidence counts of lobular carcinoma in situ are no longer measured following its removal from the 2017 edition of the AJCC breast cancer staging program.

\*\*\*Data available from 2020 were excluded from trend and lifetime risk analyses to account for disruptions in health care related to the COVID-19 pandemic.

### MORTALITY



In 2022, **665,684** women died from breast cancer globally.<sup>4</sup>

Breast cancer is **the 2nd leading cause of cancer deaths for women** in the United States, after lung cancer.

**In 2025, it is estimated that 42,170 women and 510 men will die of breast cancer.**<sup>1</sup>

Progress in reducing breast cancer mortality has slowed in recent years, from 2% to 3% annually during the 1990s and 2000s to 1% annually from 2010 to 2022.<sup>1</sup>

While the breast cancer mortality rate has declined, the number of women and men who die each year is rising and will continue to rise as the aging population grows.

#### Mortality By Age

From 2018-2022, the median age at death from breast cancer was **70 years** of age.<sup>5</sup>



**Every 13 minutes, a woman dies from breast cancer.**

### RACIAL DISPARITIES



Despite a 4% lower incidence, mortality from breast cancer among Black women is **41% higher** compared with White women.<sup>1,2</sup>

### INCIDENCE & MORTALITY RATES OF FEMALE BREAST CANCER

Incidence Rate per 100,000 by Race/Ethnicity (2017-2021)<sup>5</sup>

White	139
Black	129.3
American Indian/Alaska Native	113
Asian American/Pacific Islander	110.3
Hispanic/Latino	101.2

Mortality Rate per 100,000 by Race/Ethnicity (2018-2022)<sup>5</sup>

White	19.4
Black	26.8
American Indian/Alaska Native	17.8
Asian American/Pacific Islander	11.9
Hispanic/Latino	13.7

## RECURRENCE

The risk of local and distant (metastatic) recurrence varies greatly based on many factors. Estimates of long-term cumulative risk range from about 5% to 60%, with most falling between **10%-30%**.<sup>6-9</sup> Furthermore, recurrence risk remains elevated more than 3 decades from the primary diagnosis.<sup>9</sup>

## PREVALENCE

As of January 2022, there were an estimated **>4 million** women living with a history of invasive breast cancer in the U.S.<sup>10</sup>

It is estimated that in 2018, **140,230** women in the U.S. were living with metastatic breast cancer. By 2025, this number is expected to increase to **169,347**.<sup>11</sup>

## RISK FACTORS

**Only 5-10% of breast cancers are hereditary. The strongest risks for breast cancer are age and being assigned female at birth.**

### Other non-modifiable risk factors include:<sup>12-14</sup>

- ◆ Genetic mutations, such as in *BRCA1* and *BRCA2*
- ◆ Starting menstrual periods before age 12 and menopause after age 55
- ◆ Having dense breasts
- ◆ Personal history of breast cancer or benign breast diseases
- ◆ Family history of breast cancer
- ◆ Previous radiation therapy in chest or breasts
- ◆ Exposure to the drug diethylstilbestrol (DES)
- ◆ Naturally high levels of estrogen or testosterone

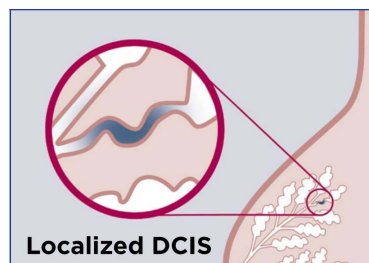
### Risk factors that are potentially modifiable include:

- ◆ Lack of physical activity
- ◆ Being overweight or having obesity (post-menopause)
- ◆ Taking hormonal medications, such as menopausal hormone therapy or hormonal contraceptives
- ◆ Reproductive history, including being over 30 years of age at first full-term pregnancy, not breastfeeding, and never having a full-term pregnancy
- ◆ Alcohol consumption

## DCIS & SCREENING

The diagnosis of ductal carcinoma in situ (DCIS) was rare before 1980, but the widespread adoption of screening mammography led to a massive increase in DCIS diagnosis. From 1980-2000, women aged 20-49 experienced a **400% increase** in DCIS diagnoses, and women over the age of 50 experienced over a **900% increase** in DCIS diagnoses.<sup>2</sup> However, screening has not decreased the rate of lethal disease (i.e., distant stage) at diagnosis.<sup>15</sup>

Overdiagnosis of breast cancer (i.e., cancer that would never have become a problem) by screening mammography is difficult to determine, with the most credible estimates ranging from **11%-22%**.<sup>16,17</sup> False positive and false negative mammography results are also



possible. Over a 10-year period, **more than half** of women getting an annual mammogram will receive a false-positive result.<sup>18,19</sup>

**TREATMENT****The current methods of treatment in use in the U.S.**

**Surgery  
(Mastectomy  
& Lumpectomy)**



**Chemotherapy**



**Radiation**



**Hormonal**



**Targeted  
Therapy**



**Immunotherapy**

**LANGUAGE**

**NBCC acknowledges that breast cancer impacts people of all gender identities.**

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NATIONAL BREAST CANCER COALITION

# DATOS Y CIFRAS SOBRE EL CÁNCER DE MAMA 2025

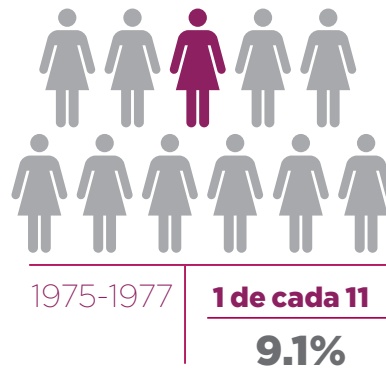
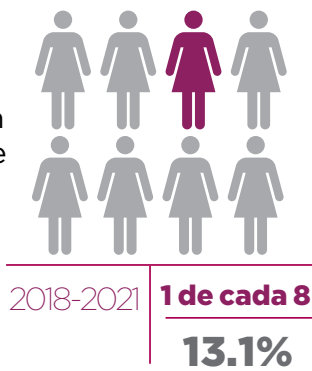
La Coalición Nacional contra el Cáncer de Mama (NBCC) es una organización de base dedicada a poner fin al cáncer de mama a través de la acción, la defensa y el apoyo.

## INCIDENCIA

El cáncer de mama es el cáncer más diagnosticado entre las mujeres en EE.UU.\* En 2025, se estima que habrá **316,950** nuevos casos de mama invasivo en mujeres, **2,800** nuevos casos en hombres y **59,080** casos adicionales de carcinoma ductal in situ (CDIS)\*\* en mujeres.\*\*\*1

### Riesgo de por vida

Para las mujeres en EE.UU., el riesgo de ser diagnosticadas alguna vez en su vida con cáncer de mama invasivo ha aumentado desde 1975.<sup>2,3</sup>



### Incidencia por edad

Las mujeres mayores tienen más probabilidades de desarrollar cáncer de mama invasivo que las mujeres más jóvenes. Entre 2017 y 2021, la edad media de un diagnóstico de cáncer de mama fue de 63 años.<sup>2</sup>

\*Excluyendo los cánceres de células basales y de células escamosas de la piel, que no se requiere que se informen a los registros de cáncer, y los carcinomas in situ.

\*\*Las cifras de incidencia anual del carcinoma lobulillar in situ ya no se miden después de su eliminación de la edición 2017 del programa de estadificación del cáncer de mama del AJCC.

\*\*\*Estas estadísticas no tienen en cuenta el efecto de la pandemia de COVID-19.

### MORTALIDAD



En 2022, fallecieron **665,684** mujeres por cáncer de mama a nivel mundial.<sup>4</sup>

El cáncer de mama es **la 2da causa principal de muerte por cáncer en mujeres**

en los Estados Unidos, después del cáncer de pulmón.

En 2025, se estima que

**42,170** mujeres

y

**510** hombres

morirán de cáncer de mama.\*<sup>1</sup>

El progreso en la reducción de la mortalidad por cáncer de mama se ha ralentizado en los últimos años, pasando de un 2% a un 3% anual durante las décadas de 1990 y 2000 a un 1% anual entre 2010 y 2022.<sup>1</sup>

Si bien la tasa de mortalidad por cáncer de mama ha disminuido, el número de mujeres y hombres que mueren cada año está aumentando y seguirá aumentando a medida que envejece la población.

### Mortalidad por edad

Entre 2018 y 2022, la edad media de fallecimiento por cáncer de mama fue de **70 años**.<sup>5</sup>



**Cada 13 minutos, una mujer muere por cáncer de mama.**

\*Estas estadísticas se basan en datos de mortalidad de 2020 y sólo tienen en cuenta el primer año de la pandemia de COVID-19.

### DISPARIDADES RACIALES



A pesar de una tasa de incidencia un 4% menor, la mortalidad por cáncer de mama en mujeres negras es un **41% más** alta en comparación con las mujeres blancas.<sup>1,2</sup>

### TASAS DE INCIDENCIA Y MORTALIDAD

En casos de cáncer de mama invasivo en mujeres

**Tasa de incidencia por cada 100,000** según raza / etnia (2017-2021)<sup>5</sup>

Blancos	139
Negros	129.3
Indígenas americanos / Nativos de Alaska	113
Asiáticos americanos / Isleños del Pacífico	110.3
Hispanos / Latinos	101.2

**Tasa de mortalidad por cada 100,000** según raza / etnia (2018-2022)<sup>5</sup>

Blancos	19.4
Negros	26.8
Indígenas americanos / Nativos de Alaska	17.8
Asiáticos americanos / Isleños del Pacífico	11.9
Hispanos / Latinos	13.7

## REFERENCIAS

El riesgo de recurrencia local y a distancia (metastásica) varía considerablemente según muchos factores. Las estimaciones del riesgo acumulativo a largo plazo oscilan entre el 5% y el 60%, siendo la mayoría entre el **10% y el 30%**.<sup>6-9</sup> Además, el riesgo de recurrencia sigue siendo elevado más de 3 décadas después del diagnóstico primario.<sup>9</sup>

## PREVALENCIA

A fecha de enero de 2022, se estimaba que había **>4 millones** de mujeres viviendo con un historial de cáncer de mama invasivo en los Estados Unidos.<sup>10</sup>

En 2018, se estima que **140,230** mujeres en EE.UU. vivían con cáncer de mama metastásico. Para el 2025, se espera que este número aumente a **169,347**.<sup>11</sup>

## FACTORES DE RIESGO

Solo el **5-10%** de los cánceres de mama son hereditarios. Los riesgos más fuertes para el cáncer de mama son la edad y nacer mujer.

Otros factores de riesgo no modificables incluyen:<sup>12-14</sup>

- ◆ Mutaciones genéticas, como las de *BRCA1* y *BRCA2*
- ◆ Comenzar a menstruar antes de los 12 años y la menopausia después de los 55 años
- ◆ Tener senos densos
- ◆ Historial personal de cáncer de mama o enfermedades benignas de mama
- ◆ Historial familiar de cáncer de mama
- ◆ Terapia de radiación previa en el pecho o los senos
- ◆ Exposición al medicamento dietilestilbestrol (DES)
- ◆ Niveles naturalmente elevados de estrógeno o testosterona

Los factores de riesgo que son potencialmente modificables incluyen:

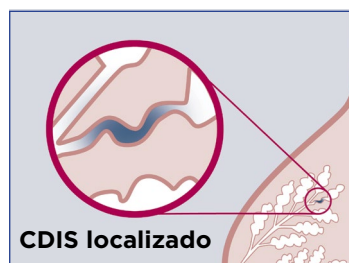
- ◆ Falta de actividad física
- ◆ Sobrepeso u obesidad (postmenopausia)
- ◆ Tomar medicamentos hormonales, como terapia hormonal para la menopausia o anticonceptivos hormonales
- ◆ Historial reproductivo, como tener más de 30 años en el momento del primer embarazo a término, no haber amamantado y no haber tenido nunca un embarazo a término.
- ◆ Consumo de alcohol

## CDIS Y DETECCIÓN

El diagnóstico de carcinoma ductal in situ (CDIS) era raro antes de 1980, pero la adopción generalizada de la mamografía de detección llevó a un aumento masivo en el diagnóstico de CDIS. Entre 1980 y 2000, las mujeres de 20 a 49 años experimentaron un aumento del **400% en los diagnósticos** de CDIS, y las mujeres mayores de 50 años experimentaron un aumento de más del **900% en los diagnósticos** de CDIS.<sup>2</sup> Sin embargo, los exámenes de detección no han disminuido la tasa de enfermedad letal (es decir, en etapa distante) en el momento del diagnóstico.<sup>15</sup>

El sobrediagnóstico del cáncer de mama (es decir, cáncer que nunca se habría convertido en un problema) mediante la mamografía de detección es difícil de determinar, con las estimaciones más creíbles oscilando entre el **11% y el 22%**.<sup>16,17</sup> También son posibles los resultados falsos positivos y falsos negativos

de la mamografía. En un periodo de 10 años, **más de la mitad** de las mujeres que se hagan una mamografía anual recibirán un resultado falso positivo.<sup>18,19</sup>



## TRATAMIENTO

Los métodos actuales de tratamiento utilizados en EE.UU. son:

**Cirugía  
(mastectomía  
y lumpectomía)**



**Quimioterapia**



**Radiación**



**Hormonal**



**Terapia dirigida**



**Inmunoterapia**

## IDIOMA

La NBCC reconoce que el cáncer de mama afecta a personas de todas las identidades de género.

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## Programs Overview

Transforming Systems and Catalyzing Progress to Achieve Our Mission to End Breast Cancer

### Catalytic Research Projects and Collaborations

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#### ARTEMIS Project®

**Artemis Project:** NBCC's Artemis Project is an advocate-led collaboration of scientists and advocates focused on developing innovative research action plans in two areas:

(1) Primary prevention: How do we stop people from getting breast cancer? and (2) Prevention of metastasis: How do we stop it from becoming lethal?

Artemis is centered around strategic summits, catalytic workshops, and collaborative efforts with a multidisciplinary and diverse group of stakeholders. This innovative approach allows scientists and other stakeholders to work collaboratively with advocates to develop and implement strategic research plans to save lives.

Key projects, among many, include:

- **Preventive Breast Cancer Vaccine:** Artemis Project participants have created a strategic plan for a preventative vaccine, identified vaccine targets, and begun pre-clinical work. The vaccine is now moving toward a Phase 1 clinical trial.
- **Prevention of Metastasis:** Research to understand tumor cell dormancy, influences of the microenvironment on dormant disseminated tumor cells (DTCs), metabolic vulnerabilities of DTCs, and how to recognize and kill them.
- **DNA.Land:** The creation of a large-scale database of genomic and phenotypic information crowdsourced from thousands of individuals with and without a personal and/or family history of breast cancer for studying breast cancer recurrence.
- **Seed Grants for Research:** NBCC has awarded seed grants to allow scientists to begin the research required in key areas identified in the collaborative research plans.

**Clinical Trials Initiative:** NBCC works with the research community and industry on clinical trials that meet NBCC's criteria. We involve breast cancer activists in all aspects of clinical trial design, implementation, and oversight. We work to improve access to quality clinical trials and, thus, treatment and care for women with breast cancer and strategies for those at risk.

### Education and Training

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NBCC's Center for Advocacy Training supplies the education, tools, training, and action that enable breast cancer survivors and other advocates to understand complex medical and scientific information and to take leadership roles in clinical, scientific, funding, and policy decision-making that affects breast cancer. Programs include:

- **Advocate Leadership Summit:** Three days of educational and strategy building sessions to train and empower breast cancer survivors and other advocates by providing information and the tools and tactics necessary to take a leadership role in breast cancer advocacy.
- **Project LEAD® Institute:** Annual intensive six-day course in core science training for advocate leaders to learn the language and concepts of science with a focus on the biology of breast cancer, genetics, immunology, epidemiology, research design, and advocacy.
- **Advanced Project LEAD:** Ongoing educational sessions and research projects for advocates who excel in science and have successfully completed Project LEAD, focusing on enhancing critical thinking and research skills.

*(continued)*

- **Clinical Trials Project LEAD:** Advanced, intensive training for graduates of Project LEAD in the key aspects of clinical trial design, implementation, and oversight.
- **Project LEAD Public Policy:** A two-day workshop that prepares advocates to understand policymaking broadly, recognize complex problems, and craft concrete solutions. The course covers the major theoretical frameworks of policy analysis and the unique challenges of federal health policymaking.
- **Continuing Education for Project LEAD Graduates:** Continued scientific education and research involvement, including LEADgrads Online resources, Advanced Topics sessions at various scientific meetings, and LEADcasts—online webinars with well-known researchers.
- **Online Center for Advocacy Training:** NBCC's esteemed training experiences brought directly to advocates in a convenient and understandable digital format via a learning management system.
- **Member Webinars:** Educational sessions on broad issues in breast cancer by well-known scientists, researchers, and advocates to keep our membership informed.
- **Team Leader Training:** Prepares grassroots leaders to understand the legislative process and to forward NBCC's annual public policy agenda.

## Public Policy

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Public policy plays a significant role in all aspects of breast cancer. NBCC focuses our public policy advocacy on issues that will have a major impact on ending breast cancer, including those that will increase funding for meaningful breast cancer research, expand access to high-quality health care and clinical trials and build the influence of educated breast cancer advocates everywhere breast cancer decisions are made.

Each year, NBCC sets a public policy agenda focused on legislative and public policy priorities to advance changes to the systems that affect cancer and to promote our mission of ending breast cancer. NBCC educates policymakers on our agenda, and our advocacy is centered on these priorities.

NBCC hosts a series of Congressional Forums on Capitol Hill designed to educate policymakers on issues vital to the breast cancer community. NBCC provides members of Congress and their staff with up-to-date information about breast cancer and reports on research discoveries that affect policy and appropriations. NBCC leadership often testifies before Congressional committees on substantive breast cancer issues.

## Grassroots Field Network Development and Support

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NBCC provides resources and support to member organizations and individuals nationwide and enhances education and training among diverse populations of breast cancer activists.

All organizations and individual members of NBCC's National Action Network receive email alerts throughout the year with important and timely opportunities to act on our advocacy priorities. NBCC also convenes regular conference calls and webinars for the grassroots field network to provide skills training, individualized guidance, informational materials, and peer-to-peer support.

NBCC's Public Policy Academy engages and empowers new NBCC advocates to build their advocacy skills and strengthen their efforts as breast cancer advocates.

## Public Information, Communications, and Outreach

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NBCC has undertaken an expansive effort to change the conversation around breast cancer to a dialogue about knowing how to end the disease.

- **Breast Cancer Information Campaigns:** NBCC's website and print and electronic communications help educate the public with facts about breast cancer. NBCC's expert staff analyze research studies and media coverage and present the truth behind the news.
- **Global Influence:** The NBCC executive team, board of directors, and advocate leadership represent the breast cancer community, advocating on behalf of NBCC and serving on scientific, medical, and research bodies at the national and international levels.
- **Science Spotlight:** NBCC educates and informs advocates about research that is relevant to our mission. As part of that work, we publish issues of "Science Spotlight" which provide in-depth analyses of recently published breast cancer research, the results of pivotal breast cancer trials, and other newsworthy breast cancer research data.

Through these programs, NBCC supports and facilitates the research needed to end breast cancer, global access to necessary information and lifesaving interventions, and the influence of leaders everywhere in strategies to end breast cancer.

*(updated 11/24)*



NATIONAL BREAST  
CANCER COALITION

# ARTEMIS Project®

The National Breast Cancer Coalition (NBCC) created and leads the Artemis Project®, an innovative, mission-driven collaboration of advocates and scientists working together to answer questions vital to ending breast cancer. This unique initiative seeks meaningful solutions for individuals living with or at risk of breast cancer.

## A COLLABORATIVE APPROACH

The Artemis Project brings together scientists, clinicians, advocates, and other stakeholders in an NBCC infrastructure designed to foster rapid and impactful work. Since its launch in 2010, Artemis members work year-round, advancing ideas born from annual project meetings.

## THE ARTEMIS PROJECT TACKLES TWO CRITICAL ISSUES:

### PRIMARY PREVENTION

### How can we stop breast cancer before it starts?

The Artemis Project's first initiative is developing a safe, cost-effective vaccine to prevent all major subtypes of breast cancer. Artemis designed a vaccine that targets six tumor-specific proteins in breast cells and is on track for Phase I clinical trials in summer 2025.

NBCC continues to advance our preventive vaccine in partnership with the National Cancer Institute (NCI) PREVENT program. (Per its website, the NCI PREVENT Program supports the best in cancer prevention that focuses on unmet needs not adequately addressed by the private sector.) NBCC has filed a provisional patent for the vaccine to ensure global affordability and accessibility.

Artemis participants are also exploring other primary prevention strategies, such as the microbiome and risk stratification.

### PREVENTION OF METASTASIS

### How can we prevent breast cancer from becoming lethal?

The Artemis Project's metastasis prevention efforts focus on dormant disseminated tumor cells (DTCs), which can lead to distant recurrences decades after an initial diagnosis. Key questions include how to prevent these cells from "waking up" and causing recurrence—either by eliminating them or keeping them dormant.

Early Artemis research, supported by seed grants, has revealed mechanisms by which DTCs evade the immune system. Members are now investigating how to target these cells as well as additional strategies to prevent metastasis through novel approaches.

## Legislative Priorities

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### PRIORITY #1

#### **\$150 Million/Level Funding for the Department of Defense (DOD) Breast Cancer Research Program (BCRP) for FY2026:**

As a result of NBCC's grassroots advocacy, the DOD BCRP was created in 1992 to end breast cancer for service members, veterans, and the general public by funding innovative, high-impact research through a partnership of scientists and consumers. The DOD BCRP is widely viewed as an innovative, unique, and efficient medical research model that has proven to be accountable to the public and has produced extraordinary results. NBCC seeks continued level funding.

### PRIORITY #2

**Metastatic Breast Cancer Access to Care Act:** This legislation would waive the 24-month waiting period for Medicare and the 5-month waiting period for Social Security Disability Insurance benefits for eligible individuals with Metastatic Breast Cancer.

### PRIORITY #3

**Preservation of the Medicaid Breast and Cervical Cancer Treatment Program:** Congress enacted the Breast and Cervical Cancer Treatment Act in 2000 after years of NBCC grassroots lobbying and influence. NBCC remains committed to ensuring all women and men screened and diagnosed with breast cancer have access to the treatment they need.

## Public Policy Priorities

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### PRIORITY #1

**Guaranteed Access to Quality Care for All:** Ensuring access to quality evidence-based health care has been a top priority of NBCC for many years. NBCC supports healthcare access initiatives that expand access to Medicare while offering a private insurance option, automatically enrolling individuals who do not have access to other coverage and providing guaranteed benefits, including primary and preventive care, hospital services, and prescription drug coverage. NBCC believes that there must be shared financial responsibility and that no individual should be denied coverage due to an inability to pay.

### PRIORITY #2

**Access to Affordable and Effective Therapies:** NBCC supports policies that address systemic deficiencies in the law, regulation, and science policy that result in the approval of drugs that do not significantly extend or save lives and whose prices are not based on value or effectiveness.

### PRIORITY #3

**Food & Drug Administration (FDA) Reform:** NBCC supports a drug approval system that prioritizes approving drugs with clinically meaningful benefits for patients. NBCC seeks to address systemic deficiencies in FDA regulation and the drug development process, including reforms to the accelerated approval pathway and the use of unvalidated surrogate endpoints.

### PRIORITY #4

#### **Ensure the Participation of Educated Patient Advocates in Science Research and All Levels of Health Care Decision-Making:**

NBCC continues to work to ensure that educated patient advocates who are trained and represent a constituency have a meaningful seat at the table in all levels of health care decision-making that affects their lives.