What is Breast Cancer?
Breast Cancer occurs in the breast. These cancers often begin when cells in the breast begin to grow out of control and often present as a lump. Breast Cancer occurs mostly in women but can also occur in men.

In 2017, 281 Cleveland women were diagnosed with Breast Cancer
235 Cleveland women died from Breast Cancer

Incidence & Mortality Rates of Breast Cancer in Cleveland, 2008-2017

Between 2008 and 2017, the rate of those dying from breast cancer decreased by 23%.
Incidence (Newly Diagnosed Cases)  Mortality (Death)
Age-Adjusted Rate per 100,000 Women

<table>
<thead>
<tr>
<th>Stage</th>
<th>All Persons</th>
<th>Caucasian</th>
<th>African American</th>
<th>Asian American</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Situ</td>
<td>1410.5</td>
<td>251.2</td>
<td>283.9</td>
<td>233.4</td>
<td></td>
</tr>
<tr>
<td>Localized</td>
<td>1448.0</td>
<td>283.9</td>
<td>233.4</td>
<td>156.3</td>
<td></td>
</tr>
<tr>
<td>Regional</td>
<td>1444.0</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Distant</td>
<td>1053.7</td>
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<tr>
<td></td>
<td>898.8</td>
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</tbody>
</table>

Mortality rates among Asian Americans were suppressed due to fewer than 10 deaths being observed.

Cancer Stages
- In Situ: Non-invasive cancer
- Localized: Confined to the breast
- Regional: Cancer has spread further through the breast and/or regional lymph nodes
- Distant: Cancer has spread to other organs and distant lymph nodes

% of Cleveland Women Diagnosed with No Health Insurance

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>All Persons</th>
<th>Caucasian</th>
<th>African American</th>
<th>Hispanic</th>
<th>Asian American</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>All Persons</td>
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<td></td>
</tr>
<tr>
<td>Asian American</td>
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<tr>
<td>Hispanic</td>
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<td></td>
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<tr>
<td>Caucasian</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td></td>
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</tr>
</tbody>
</table>

Breast cancer is the leading cause of cancer-related death in Cleveland.

Caucasian women are 13% more likely than other Cleveland women to die.

Asian women were 4x more likely to not have insurance when they were diagnosed.
Regional Trends in Breast Cancer, 2016*

Incidence Rate
Age-Adjusted Rate per 100,000 Women

Mortality Rate
Age-Adjusted Rate per 100,000 Women

*Regional data are only available for 2016 based on the 2019 Ohio Annual Cancer Report. All other data presented is for 2008-2017.
**What are the risk factors?**

**Things you can change**
- Alcohol use
- Being overweight or obese
- Physical inactivity
- Not having children
- Not breastfeeding
- Using hormone-based birth control
- Using hormone therapy after menopause
- Having breast implants

**Things you cannot change**
- Being a woman
- Being older
- Inheriting genes (e.g., BRCA1 & BRCA2)
- Having a family or personal history of breast cancer
- Race and ethnicity
  - White women are more likely to develop breast cancer
  - Black women are more likely to die from breast cancer
- Having dense breast tissue
- Having certain benign breast conditions
- Starting periods early or going through menopause later
- Having chest radiation
- Being exposed to diethylstilbestrol (DES)

**How it is detected:**
Breast cancer can be tested through several screening options including clinical breast and breast self-exams as well as with a mammogram.

**Types of screening:**
Women should regularly do breast self-exams and become familiar with how their breasts feel and look and report any changes right away.

Mammograms should be done every year.

**When to get screened:**
For those who do not have any risk factors (e.g., factors that cannot be change), it is recommended that screening begins at age 45 and is routinely completed through age 54. Women older than 55 can continue screening every other year.

For those at high risk, it is recommended that screening begins by age 30.

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All information regarding the description, risk factors, detection, and screening for Breast Cancer comes from The American Cancer Society. 


**Methods:**
Data were provided by the Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions. Cancer incidence data from 2017 are preliminary and numbers are subject to change. All rates are age-adjusted using 2010 U.S. Census data. Data are suppressed when fewer than 10 cases are observed.

**Cancer Incidence Data Source:**
Ohio Department of Health. Ohio Cancer Incidence Surveillance System (OCISS) (2008-2017). Extracted on 4/1/2019. Only those whose residence was geolocated within the City of Cleveland were included in this analysis.

**Cancer Mortality Data Source:**