Breast Cancer Report

2018 - 2022

CITY OF CLEVELAND
Mayor Justin M. Bibb
PUBLIC HEALTH

Prepared by
Office of Epidemiology and Population Health
December 2025

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Cleveland, OH

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Report Notes

Purpose: This report is to summarize breast cancer incidence and mortality data and trends for the City of Cleveland from 2018 to 2022. The brief also summarizes the distribution of events by demographics such as age, race, and neighborhood of residence and can aid to develop targeted programming.

Sources: Ohio Cancer Incidence Surveillance System, Ohio Department of Health; Surveillance, Epidemiology, and End Results Program, National Cancer Institute; Mayo Clinic, https://www.mayoclinic.org/diseases-conditions/breast-cancer/symptoms-causes/syc-2035470; CDC/National Center for Health Statistics/Division of Analysis and Epidemiology; Ohio Annual Cancer Report 2022. Ohio Department of Health, Bureau of Health Improvement; Case Western Reserve University and Cleveland Department of Public Health. (2025). Cleveland Health Survey, 2025, Overall Prevalence. Prevention Research Center for Healthy Neighborhoods. prchn.org/clehealthsurvey

Data Requests: To make a data request, scan the QR code below.

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What is Breast Cancer?

Cancer is a disease in which some of the body's cells grow uncontrollably. When cancer starts in the breast, it is called breast cancer. Of all cancers, breast cancer accounts for highest number of cancer incidents among women in the US and the world. Some common types of breast cancer are invasive ductal carcinoma (starts in milk ducts and spreads to nearby breast tissues), lobular breast cancer (starts in the milk-producing glands) and ductal carcinoma in situ (starts in milk ducts but does not spread beyond). Breast cancer also affects a smaller percentage of men and so they are exempt from this report.

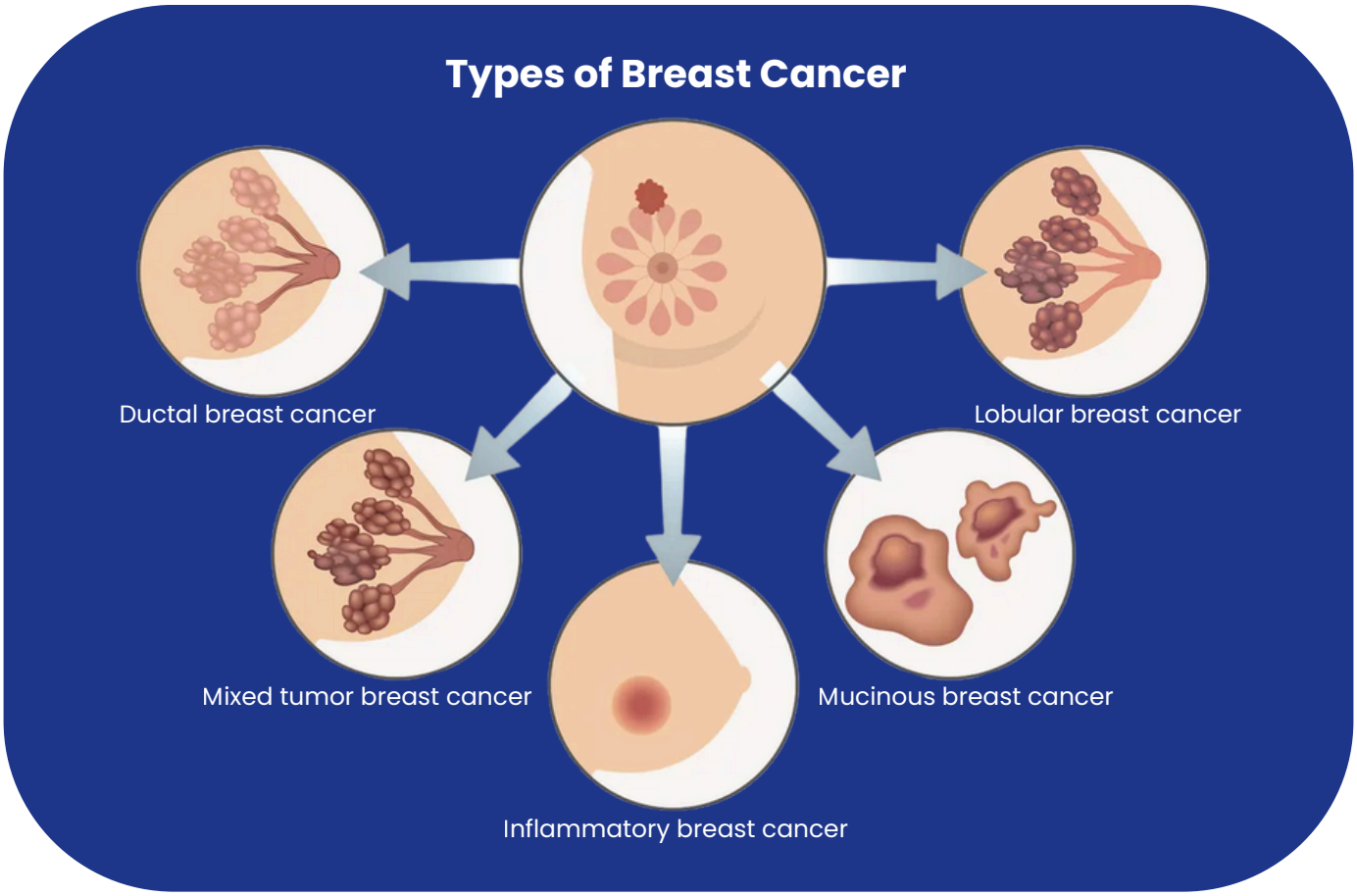


Image source: everydayhealth.com/breast-cancer/guide/types

Between 2018 and 2022...

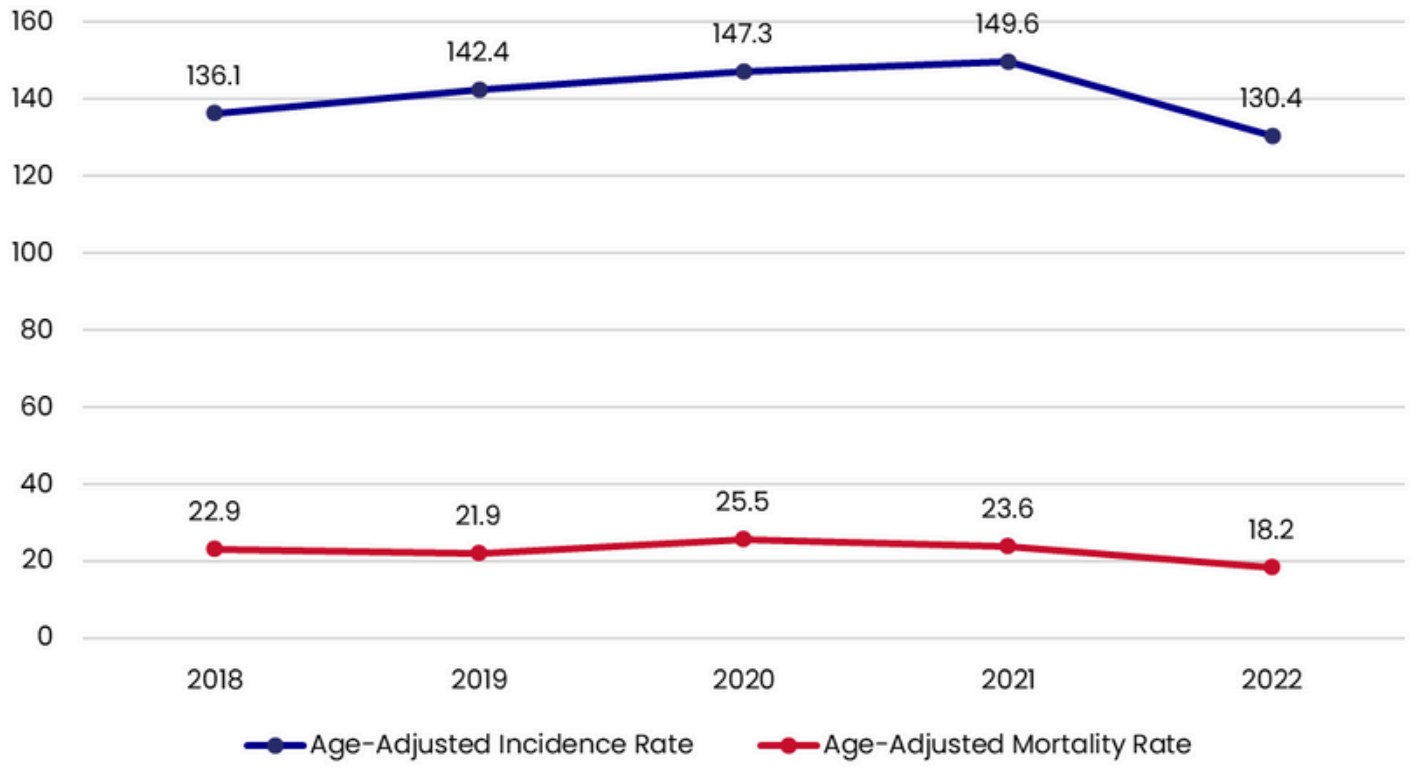
1,606
Female Cleveland residents were diagnosed with breast cancer

263
Female Cleveland residents died from breast cancer

Between the years of 2018 and 2022, Cleveland saw an average of 321 new breast cancer diagnoses and 53 breast cancer deaths per year.

Although still high, there was a 13% relative decrease in the age-adjusted incidence rate of breast cancer between 2021 and 2022. Age-adjusted cancer mortality saw a relative decrease of 23% in the same period.

Figure 1. Age-Adjusted Breast Cancer Incidence and Mortality, 2018 - 2022



*Rates calculated per 100,000 residents and adjusted to the 2000 U.S. standard population. A relative decrease means the percentage change compared with the earlier rate, not the numeric difference between rates.

Demographic Distribution of Breast Cancer Incidence

Figure 2. Age-adjusted Incidence and Mortality Rate by Age Group, 2018-2022

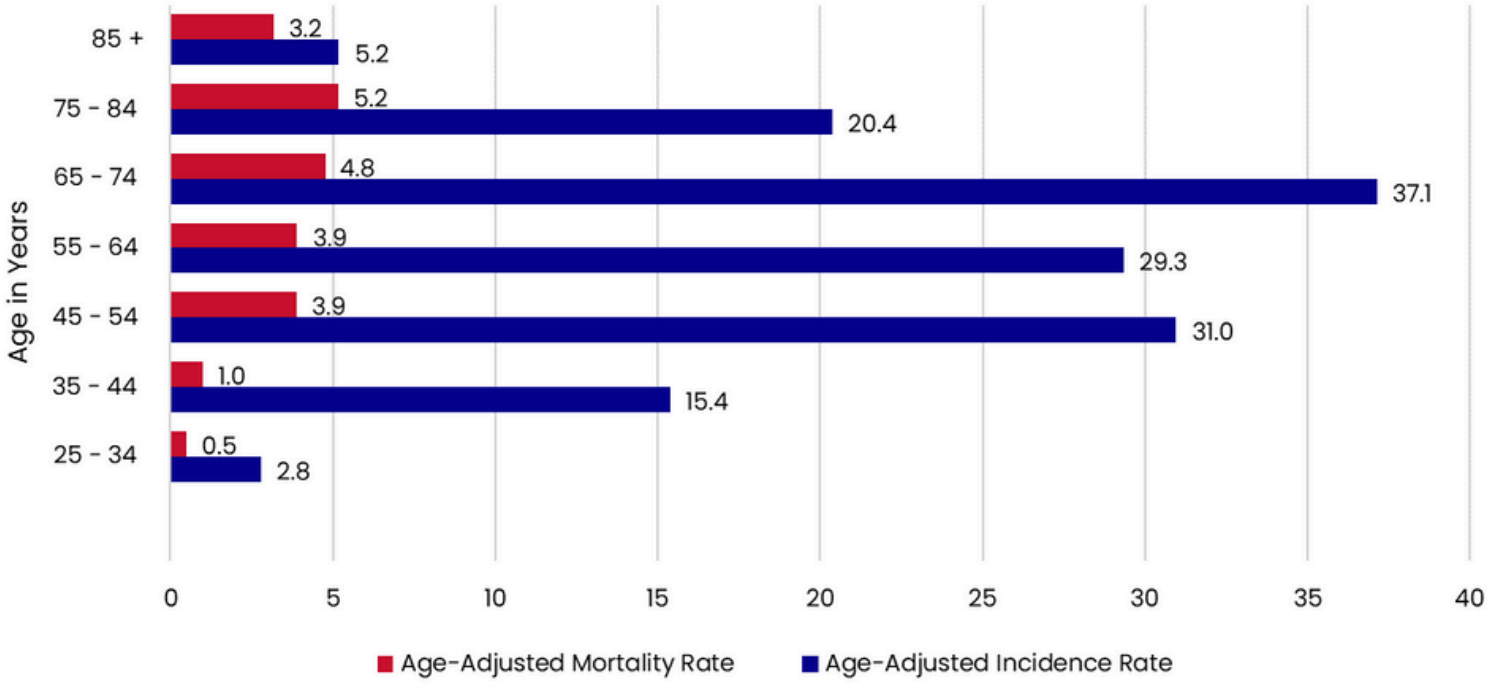


Figure 3. Age-adjusted Incidence Rate by Race, 2018-2022

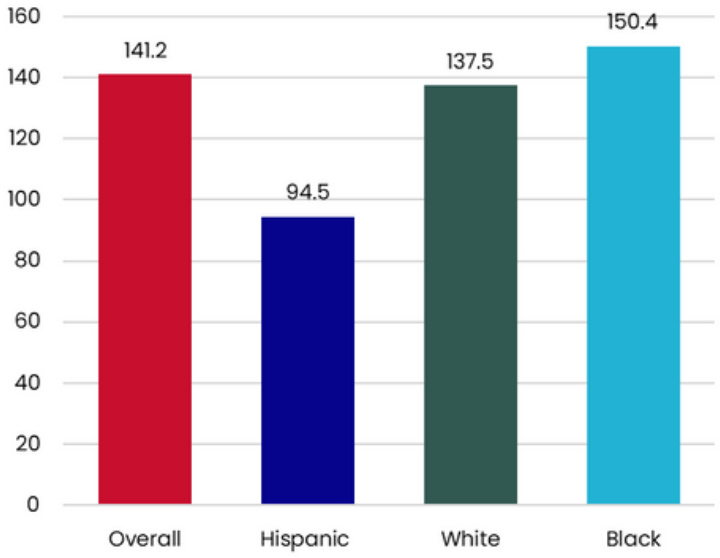
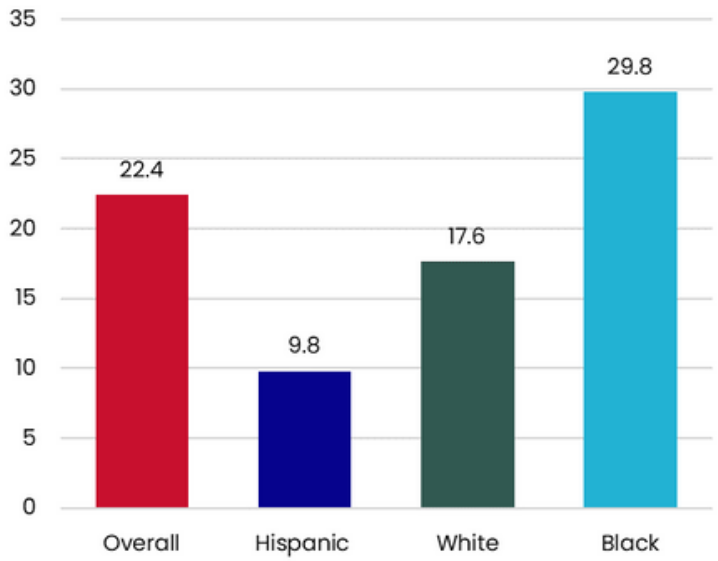


Figure 4. Age-adjusted Mortality Rate by Race, 2018-2022

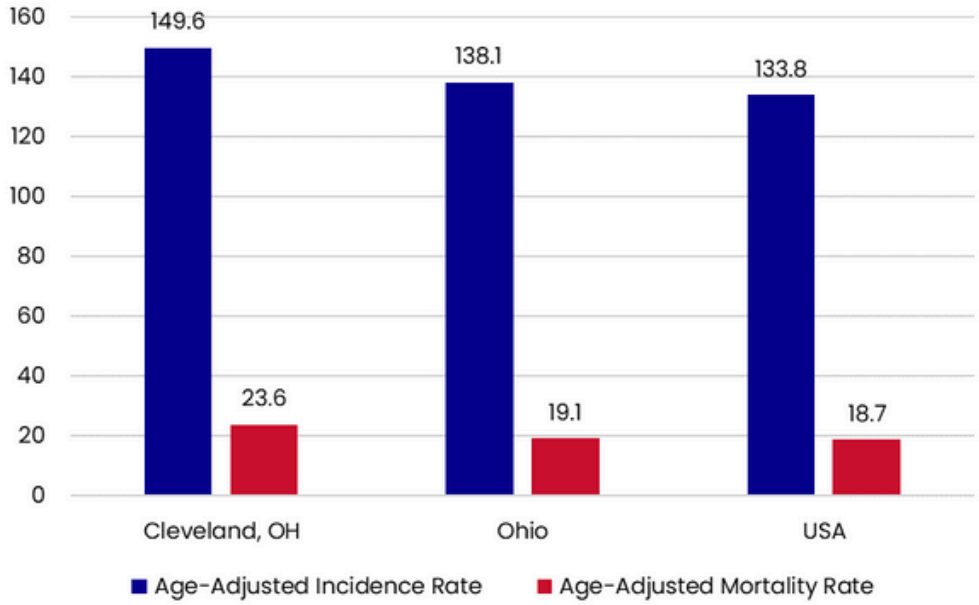


Between 2018 and 2022, cancer incidence was highest in the 65-74 age group and mortality highest in the 75-84 age group. Non-Hispanic Black women carry a higher burden of breast cancer incidence and mortality in Cleveland. Incidence and mortality rates are lowest among the Hispanic population compared with the other race and ethnicity groups discussed here. Other races are not represented here due to small number of patients.

*No one under the age of 25 years was diagnosed or died from breast cancer. A small number of men develop breast cancer but are not included in this report.

Comparison of Breast Cancer Rates, 2021

Figure 5. Cleveland breast cancer rates compared to state and national rates



When compared to the US and the State of Ohio, Cleveland has a higher burden of breast cancer incidence and mortality.

Breast Cancer Diagnosis and Insurance

Figure 6. Insurance of Newly Diagnosed Patients

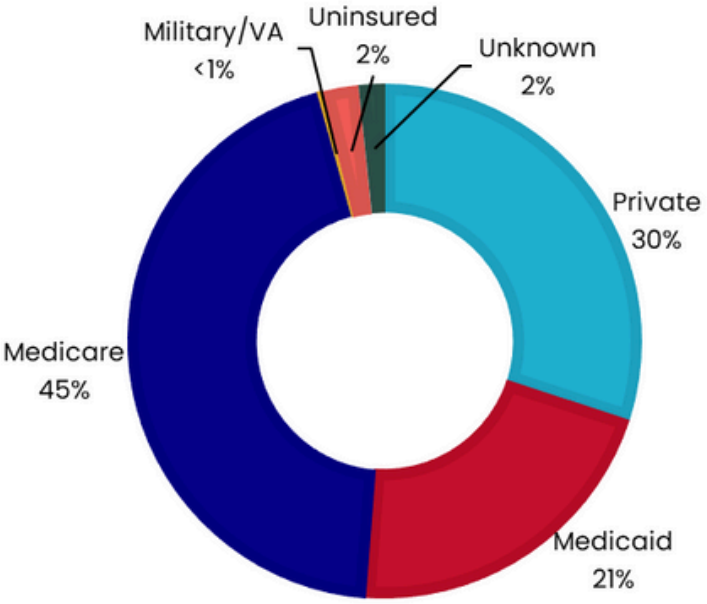
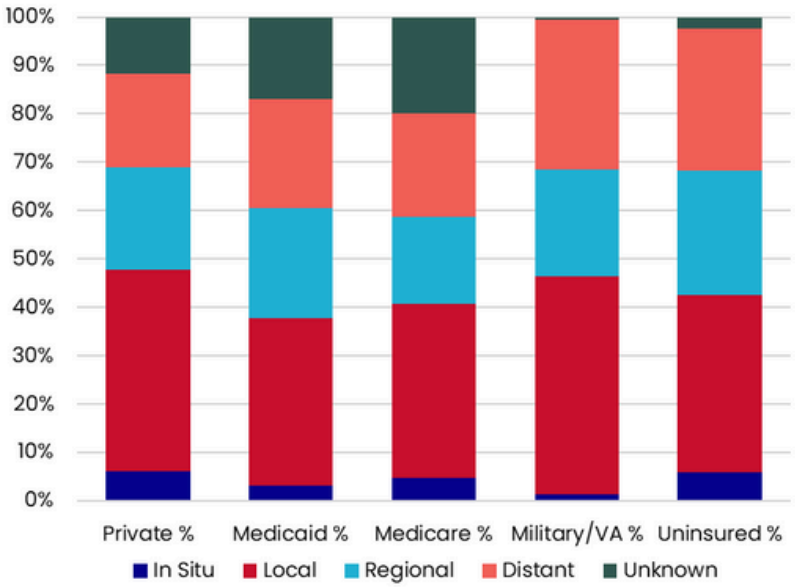


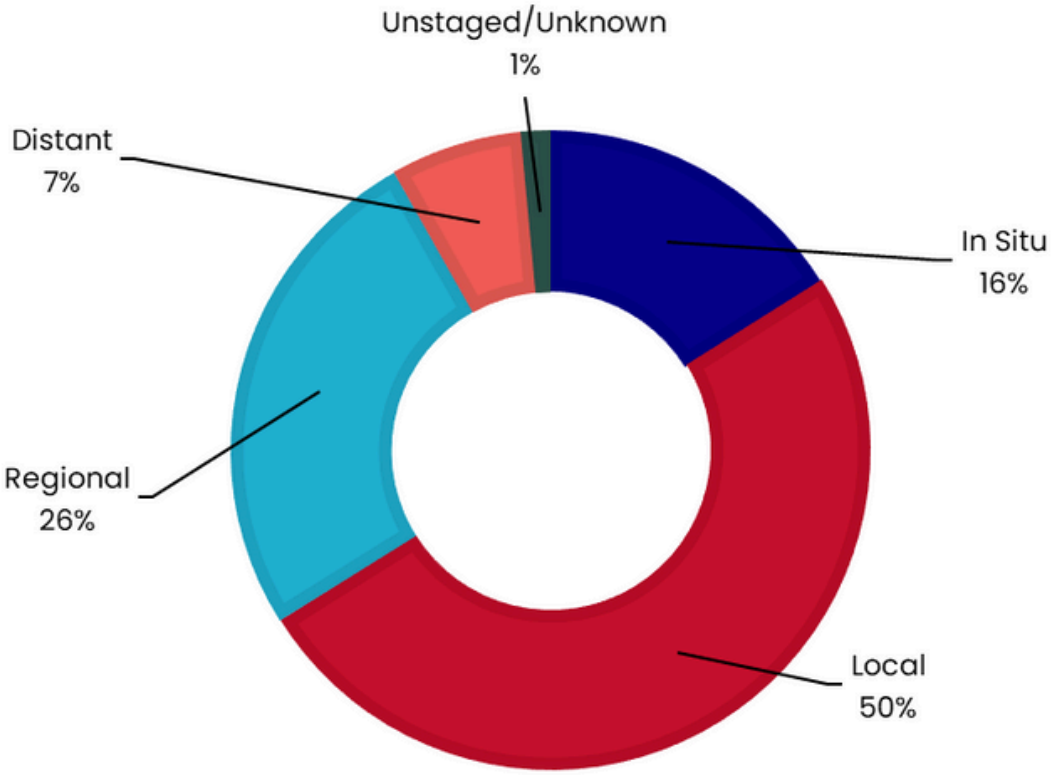
Figure 7. Race and Primary Insurance of Newly Diagnosed Patients



More than 95% breast cancer patients were insured at diagnosis. However, people who are uninsured or covered by Medicaid are more likely to be diagnosed with regional or distant (metastatic) cancer rather than local or in situ disease, compared with those who have private insurance or on Medicare. This raises concerns about late detection and higher stage cancers in socioeconomically disadvantaged population and their healthcare access.

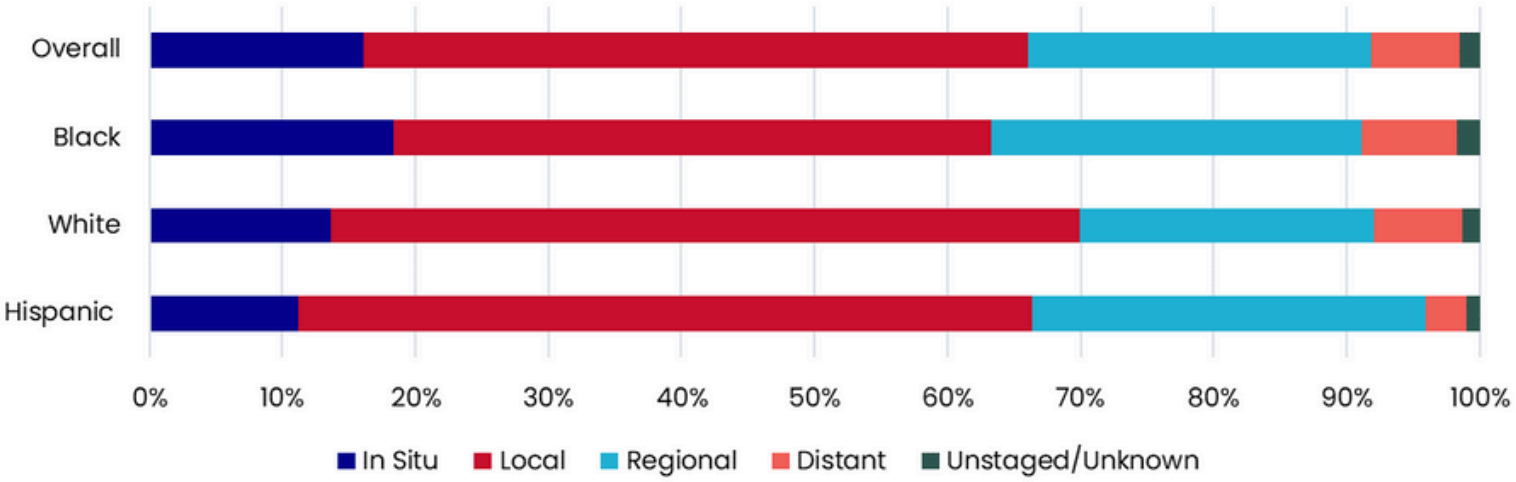
Breast Cancer Staging at Diagnosis

Figure 8. Breast Cancer Stage at Diagnosis



Early detection of cancer usually means better outcomes. In Cleveland, over 90% of breast cancer was diagnosed before there was distance spread.

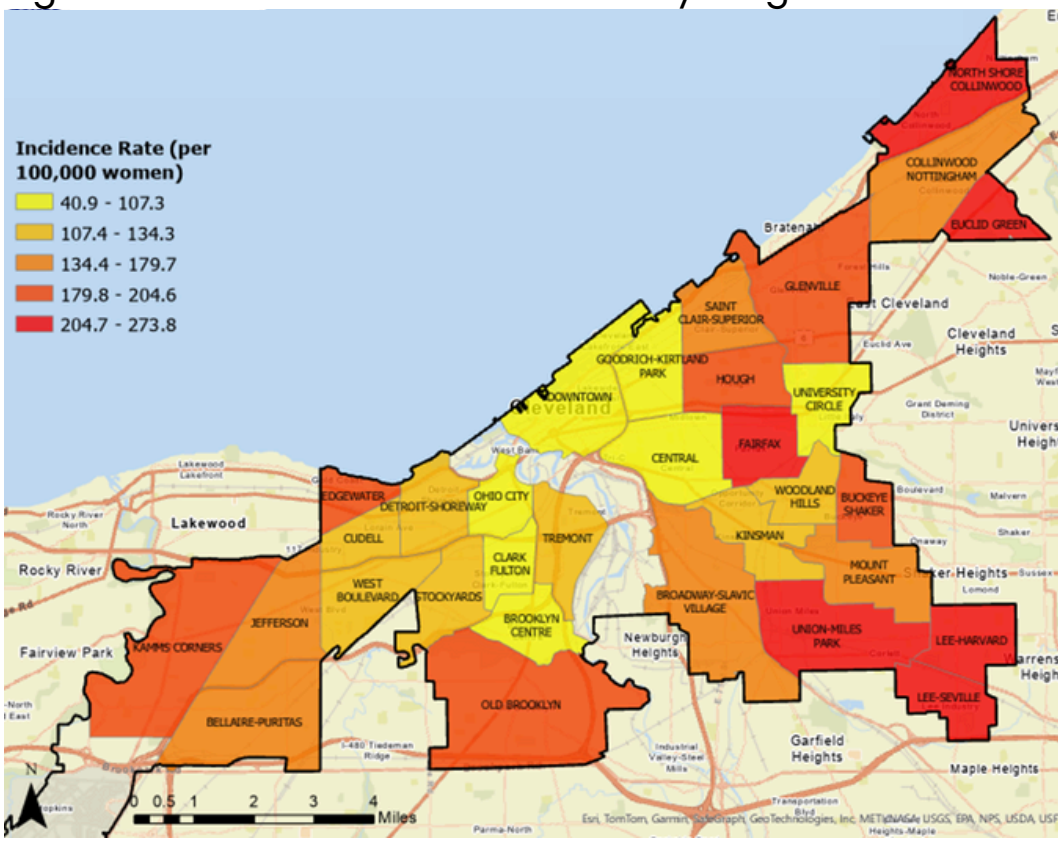
Figure 9. Breast Cancer Stage at Diagnosis by Race



In situ: Abnormal cells are present but not spread to nearby tissue
Local: Cancer is limited to the place where it started, with no sign that it has spread
Regional: Cancer has spread to nearby lymph nodes, tissues, or organs
Distant: Cancer has spread to distant parts of the body
Unstaged/Unknown: There is not enough information to determine the stage

Neighborhood Distribution of Breast Cancer Incidence and Mortality

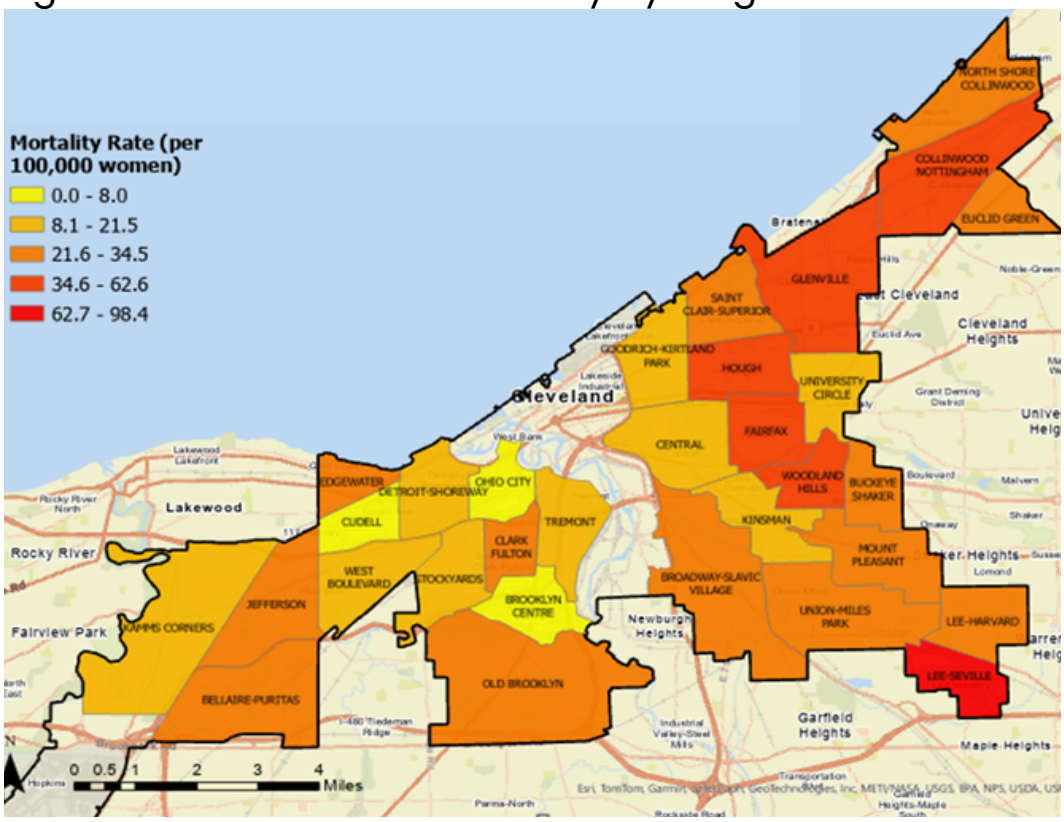
Figure 10. Breast Cancer Incidence by Neighborhood



Neighborhoods that saw the highest rates of new breast cancer cases between 2018 and 2022:

- Euclid Green
- Lee-Seville
- North Shore Collinwood
- Fairfax
- Lee-Harvard
- Union-Miles Park

Figure 11. Breast Cancer Mortality by Neighborhood



Neighborhoods that saw the highest rates of deaths from breast cancer between 2018 and 2022:

- Lee-Seville
- Fairfax
- Glenville
- Stockyards
- Hough
- Woodland Hills

Risk Factors for Breast Cancer

Things we can change that increase breast cancer risk

Drinking alcohol
Being overweight or obese
Not getting enough physical activity
Not having children
Not breastfeeding
Using hormone-based birth control
Using hormone therapy after menopause
Having breast implants (linked to a rare lymphoma)

Things we cannot change that increase breast cancer risk

A personal or family history of breast cancer
Being female
Getting older
Early start of menstruation or late menopause
Inherited genes, like BRCA 1 and BRCA 2
Certain non-cancerous breast conditions
Having dense breast tissue
Previous radiation therapy to the chest
Exposure to diethylstilbestrol (DES)

Screening

Screening refers to tests and exams used to find a disease in people before any symptoms appear. The goal of screening tests for breast cancer is to find it early, because early detection usually has better outcome. Breast cancer can be detected through clinical exam, self-exam and mammograms.

The US Preventive Services Task Force recommends that women who are 40 to 74 years old and are at average risk for breast cancer get a mammogram every 2 years.

Black women are 40% more likely to die from breast cancer than white women. Ensuring screening starting at age 40 and equitable and appropriate follow-up after screening and effective treatment of breast cancer.

80.3%

Cleveland female residents age 40-74 received a mammogram in the past two years