• **Sample Article** – for MCC member organization employee newsletters; can also be used as the basis for a press release

• **Data** – ready-to-use quick data to better tell the story, burden, and disparities associated with breast cancer

• **Resources** – find **Provider** and **Patient** resources to share within your organization and community

• **Social media** – ready-to-use breast cancer awareness posts and tweets
October is Breast Cancer Awareness Month

**Sample Newsletter Article**

**Intended use:** use this article in your employee newsletters and as the basis for a press release; to promote awareness.

**October is National Breast Cancer Awareness Month**

In Michigan in 2018, it is estimated there will be 8,730 new cases of breast cancer and that 1,400 women will die from the disease.

Do you know your risk for breast cancer? By being a woman and getting older, your risk for breast cancer increases. A personal or family history of breast cancer also increases your risk as does extremely dense breast tissue, which can mask or hide a breast cancer.

African American women are more likely to be diagnosed at a younger age than white women and diagnosed at a later stage. Late stage diagnoses may be due to lower frequency of mammograms, greater intervals of time between mammograms, and less consistent follow-up of suspicious mammogram results. Compared to White women, African American women also have a higher death rate from breast cancer and across all stages of cancer diagnosis, they have poorer survival than White women.

You can limit your risk by:
- Incorporating healthy behaviors in your life and
- Getting regular breast cancer screenings.

Healthy behaviors that will help lower your risk include:
- Increasing physical activity
- Quitting smoking
- Maintaining a healthy weight
- Limiting alcohol

Being tested for breast cancer is important. The United States Preventive Services Task Force, the National Comprehensive Cancer Network, and the American Cancer Society recommend:
- Women should be able to start screening as early as age 40, if they want to. It’s a good idea to start talking to your health care provider at age 40 about when you should begin screening.
- Women who are more at risk should begin screening at age 40.
- Women with an average risk of breast cancer – most women – should begin yearly mammograms by age 45. All women should begin mammography screening by age 50 at the latest.
- Breast exams, either from a medical provider or self-exams, are no longer recommended.

Pay attention to your family history of cancer. Approximately 5-10 percent of breast cancer is inherited due to strong genetic factors. Also, be aware that for women who are identified at an increased risk for developing breast cancer (and not previously diagnosed), three medications have been approved to reduce breast cancer risk: Tamoxifen, Raloxifene, and Exemestane. These women should discuss the risks and benefits associated with these medications, in addition to possible lifestyle changes, with their health care provider.

Talk with your health care provider about healthy lifestyles and breast cancer prevention and screening. And, if you know someone who needs additional help with breast cancer information and screening, call 1-844-I-GOT-SCR (446-8727) for more information.
Michigan Cancer Consortium Tool of the Month
October is Breast Cancer Awareness Month

Quick Data and Data Resources – Breast Cancer

**Intended Use:** use quick data to help tell the story of prostate cancer burden and disparities.

**Quick data:**

- **U.S.**
  - It is estimated that 268,670 new cases of breast cancer will occur in 2018.
  - It is estimated that there will be 41,400 deaths from breast cancer in 2018.
  
  Source: American Cancer Society. [Cancer Statistics Center](http://cancer.org/research/cancerfactsnumbers/breastcancer/index).

- **Michigan**
  - **Incidence**
    - In 2015, the age-adjusted rate of new cases of invasive breast cancer in Michigan was: 119.7 per 100,000.
    - There were 7,560 cases of invasive breast cancer in 2015.
    
  
    - In 2018, it is estimated that there will be 8,730 new cases of breast cancer.
    
    Source: American Cancer Society. [Cancer Statistics Center](http://cancer.org/research/cancerfactsnumbers/breastcancer/index).

  - **Mortality**
    - In 2016, the age-adjusted breast cancer death rate in Michigan was 20.6 per 100,000.
    - In 2016, 1,390 women died from breast cancer.
    
  
    - In 2018, it is estimated that 1,400 women will die from breast cancer.
    
    Source: American Cancer Society. [Cancer Statistics Center](http://cancer.org/research/cancerfactsnumbers/breastcancer/index).

**Health disparities:**

- Between 2011 and 2015 in the U.S., Black women had a higher death rate due to breast cancer than White women (28.7 vs 20.3 respectively per 100,000 population).
  
  Source: [Center for Disease Control and Prevention](http://www.cdc.gov/cancer) – readily available for United States and state-level data.

  - The following reasons are used as an explanation for why this gap exists and is increasing:
    - Being diagnosed at a later stage and this may be due to a lower frequency of mammograms, greater intervals of time between mammograms, and less consistent follow-up of suspicious mammogram results.
    - Across all stages of diagnosis, Black women have poorer survival than White women.
      
      Potential explanations include: disparate access to high-quality treatment; a longer delay from diagnosis until treatment; Black women are less likely to complete treatment appropriate for the tumor characteristics and are more likely to refuse treatment compared to White women.


- In 2014 9.8% of breast cancer diagnosed in White women was triple negative compared to 22.2% of breast cancer diagnosed in Black women.

- In 2015, Black women living in Michigan had a higher rate of new cases of breast cancer than White women living in Michigan (119.4 vs. 120.1 respectively per 100,000 population).

- In 2016, Black women living in Michigan also had a higher rate of death from breast cancer than White women living in Michigan (28.9 vs. 19.7 deaths per 100,000 population).

Breastfeeding and Breast Cancer Risk
Breastfeeding can lower cancer risk, especially if a woman breastfeeds for longer than a year. The risk of developing breast cancer is reduced by 39% if a woman has ever breastfed. The study also found that the longer a mom breastfed, the greater the reduction in cancer risk (53%).

There are many reasons why breastfeeding decreases cancer risk:
- Breastfeeding increased differentiation, or maturation, of the ductal cells in the breast, making them more resistant to cancer.
- Reduction in the number of menstrual cycles that lowers exposure to hormones that help cancer cells grow.
- Healthier lifestyle choices while nursing, such as decrease in smoking and alcohol and an increase in healthier food choices.

A study published in 2015 found breastfeeding is associated with better prognosis and survival among breast cancer patients. Women who breastfed, and then later developed breast cancer, were 30% less likely to have their cancer return and 28% less likely to die from it, than women who never breastfed.


National, State, and Local Data Resources:
- American Cancer Society
  - Cancer Facts & Figures 2018
  - Cancer Facts & Figures 2018 Supplemental Data – Estimated New Cases & Deaths by State for 21 Cancer Sites, 2018
- Michigan Department of Health and Human Services
  - Breast Cancer Fact Sheet
- Michigan Cancer Surveillance Program – easily-accessed Michigan and county-level data
- State Cancer Profiles (National Cancer Institute and Centers for Disease Control and Prevention)
Resources for providers and their staff

**Intended use:** promote available prostate cancer resources to both health care providers and patients

**Provider Resources** – breast cancer resources for providers

- [Breast Cancer Early Detection Protocol](#) Clinical protocol for the early detection of breast cancer (screening and follow-up protocols)
- [Breast Cancer Risk Assessment Tool](#) Designed by scientists, at the National Cancer Institute (NCI) and the National Surgical Adjuvant Breast and Bowel Project (NSABP) this is an interactive tool to estimate a woman’s risk of developing invasive breast cancer
- [Breast Density](#) Information for patients and providers about breast density and breast cancer risk
- [Pharmacology Interventions for Breast Cancer Risk Reduction: Position paper for Health Providers](#)

**Patient Resources** – breast cancer resources for patients including educational materials, websites of interest, and more information

**Public Outreach** – breast cancer resources for the communities you serve
Michigan Cancer Consortium Tool of the Month
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Social Media – Quick Posts and Tweets
**Intended use:** use social media below to create interest and a call-to-action for women and their families

Sample Tweets:
- When should you be tested for #breastcancer? What increases breast cancer risk? What are the symptoms? [Find answers and more](#).
- #Breastcancer is easiest to treat when it is found early. Know when you should start being [tested for breast cancer](#).
- Studies indicate that [exercise reduces your risk of #breastcancer](#). Being active is good for your health.
- October is #breastcancer awareness month. Do you know what you should about #breastdensity? If not, [learn more](#) and talk with your doctor

Sample Facebook posts:
- How do I find breast cancer early? For women at average risk, [follow expert recommendations](#):
  - Women should be able to start screening as early as age 40, if they want to. It’s a good idea to start talking to your health care provider at age 40 about when you should begin screening.
  - Women with an average risk of breast cancer – most women – should begin yearly mammograms at age 45.
  - Regular mammograms should continue for as long as a woman is in good health
  - Breast exams, either from a medical provider or self-exams, are no longer recommended.

- Women who are at higher than average risk for breast cancer, based on certain factors, should follow these [recommendations](#).

- Do you have a personal or family history of breast cancer? Talk with your health care provider about [your risk of being diagnosed with the disease](#).

- October is breast cancer awareness month. Do you know what you should about breast density? Learn more about [Breast Density](#).

- Two genes are known to influence the risk of breast cancer: BRCA1 and BRCA2. All men and women have these genes. Normally, they help protect you from getting cancer. But when one or both of them have a mutation (change), they increase your breast and ovarian cancer risk. The ‘Know BRCA tool’ can help you learn about BRCA genes and assess your risk of having a BRCA mutation. [Learn more](#).

Promote your posts with popular Breast Cancer hashtags!
@MichiganHHS   #breastcancerawareness   #breastcancer   #breastcancermonth