

**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 for everyone, everywhere, 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

---

**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. Our Public Policy 101 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 **platinum-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.





NATIONAL BREAST  
CANCER COALITION

## Programs Overview

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

### Catalytic Research Projects and Collaborations

---

#### 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

---

NBCC 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.
- **Clinical Trials Project LEAD:** Advanced, intensive training for graduates of Project LEAD in the key aspects of clinical trial design, implementation, and oversight.

*(continued)*

- **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.
- **Public Policy 101 Series:** A year-long introductory-level program that convenes monthly to empower the next generation of NBCC advocates. This virtual skill-building series covers the latest in effective power building strategies and provides timely opportunities for participants to get involved in high-impact breast cancer advocacy efforts.
- **Team Leader Training:** Prepares grassroots leaders to build support and political momentum for priority issues and lead effective advocacy action on Capitol Hill and in their states throughout the year.

## Public Policy

---

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 conducts year-round advocacy to ensure progress on these priorities. NBCC advocates meet with hundreds of congressional offices each year, fostering long term relationships and ensuring breast cancer issues are included in all aspects of policymaking.

## Grassroots Field Network Development and Support

---

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 receive email alerts throughout the year with important and timely opportunities to act on our advocacy priorities. NBCC also convenes regular meetings of the grassroots field network to provide skills training, individualized guidance, informational materials, and peer-to-peer support. NBCC also provides year-round opportunities for grassroots advocates to engage in direct advocacy with their policymakers.

## Public Information, Communications, and Outreach

---

NBCC aims to change the conversation around breast cancer, supporting 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 breast cancer facts, research analysis, and media coverage.
- **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 local, national, and international levels.
- **Science Spotlight:** NBCC informs advocates about research that is relevant to our mission. As part of that work, we publish "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 and other programs, NBCC promotes 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 03/26)*

## Legislative Priorities

---

### 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

---

### 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

**Protect Scientific Research:** NBCC recognizes the importance of the scientific process and infrastructure that have led to many life-saving interventions and enhanced our knowledge of the human condition. NBCC supports policies and legislation that protect the advancement of scientific knowledge and research through federally funded programs. NBCC will oppose policies and legislation that undermine the scientific process and infrastructure that result in credible, high-quality science.

### PRIORITY #3

**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 #4

**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 #5

**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.

## OVERVIEW

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. The Artemis Project tackles two critical issues:

- **Primary Prevention — How can we stop breast cancer before it starts?**
- **Prevention of Metastasis — How can we prevent breast cancer from becoming lethal?**

## 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.

## PRIMARY PREVENTION

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

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.

*(Updated 11/24)*

# 2026 Breast Cancer Facts & Figures:

## What Patient Advocates Should Know

**MARCH 2026**

### Breast Cancer Incidence:

In 2026, an estimated **321,910 women** and **2,670 men** in the United States will be diagnosed with invasive breast cancer, and an additional **60,730 women** will be diagnosed with ductal carcinoma in situ (DCIS).<sup>\*</sup> Breast cancer remains the most commonly diagnosed cancer among women.<sup>1</sup>

### Trend Over Time:

Breast cancer incidence increased rapidly in the 1980s and 1990s with the widespread adoption of screening, declined briefly in the early 2000s, and has risen steadily since 2012 by about **1% per year overall**.

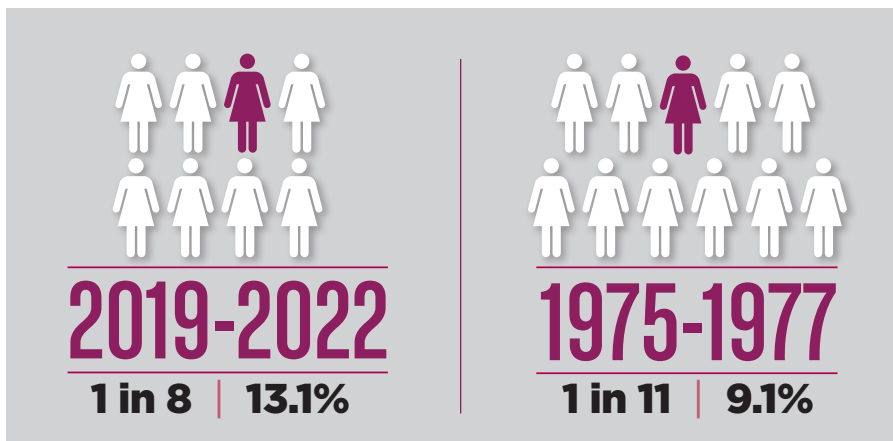
**Differences in trends by age:**

**Women <50: +1.4% PER YEAR**  
**Women ≥50: +0.7% PER YEAR**

### Stage at Diagnosis:

**Stage matters:** Recent increases in breast cancer incidence are driven primarily by localized-stage diagnoses, while rates of advanced disease have remained relatively stable—underscoring the limits of detection alone in reducing mortality.

### Lifetime Risk:

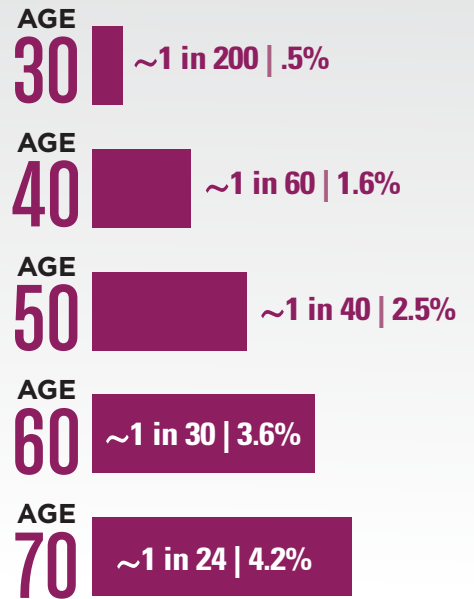


For women in the United States, the lifetime risk<sup>\*\*</sup> of being diagnosed with invasive breast cancer has increased since 1975, reflecting both changes in risk and increased detection over time.<sup>2,3</sup>

### Incidence By Age:

Breast cancer incidence increases with age. From 2017–2021, the median age at invasive breast cancer diagnosis in the US was 63 years.<sup>2</sup>

Chance of being diagnosed with invasive breast cancer within the next 10 years<sup>\*\*\*2</sup> (approximate):



<sup>\*</sup>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.

<sup>\*\*</sup>Lifetime risk describes the probability of being diagnosed over an entire lifetime and should not be interpreted as the risk at any given age.

<sup>\*\*\*</sup>These estimates reflect cumulative risk over a 10-year period and are not annual risks.

## Racial Disparities:

Despite lower incidence, breast cancer mortality among Black women is approximately **40% higher** than among White women in the US. Although mortality rates have declined for both groups over time, this disparity has persisted, reflecting longstanding inequities in access to timely diagnosis and high-quality care.<sup>1,2</sup>

## Global Burden:

In 2022, an estimated **2.3 million new cases** of breast cancer and about **666,000 deaths** occurred worldwide, representing roughly 24% of all cancer cases and 15% of all cancer deaths in women.<sup>4</sup>

**By 2050:** If current national rates remain stable, the number of new breast cancer cases and deaths worldwide is projected to increase by more than 50% and 70%, respectively, largely due to population growth and aging.

### New cases worldwide



### Deaths worldwide



## Mortality:

Breast cancer is the second-leading cause of cancer death among women in the US, after lung cancer. In 2026, an estimated **42,670 women and 530 men** will die of the disease.<sup>1</sup>

Breast cancer mortality has declined substantially since the early 1990s; however, progress has slowed in recent years—from annual declines of 2%–3% in the 1990s and 2000s to about **1% per year since 2010**.<sup>1</sup>

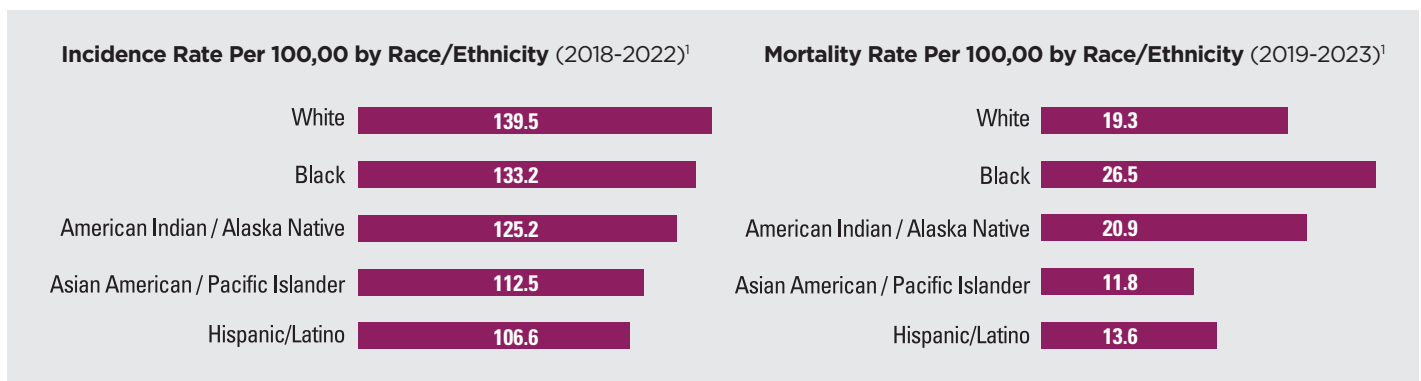
While breast cancer mortality **rates** have declined, the **absolute number** of women and men who die each year is rising and is expected to continue to rise as the population ages.

## Mortality By Age:

From 2018–2022, the median age at death from breast cancer was 70 years, reflecting the fact that breast cancer mortality increases with age.<sup>5</sup>

## Breast Cancer Incidence & Mortality by Race/ Ethnicity:

Breast cancer burden varies across racial and ethnic groups, with lower incidence and mortality among Asian American/Pacific Islander and Hispanic/Latina women, and disproportionately high mortality relative to incidence among American Indian/Alaska Native women.



## Prevalence:

As of January 1, 2025, an estimated **4.31 million** women in the US were living with a history of invasive breast cancer.<sup>10</sup>

Among female breast cancer survivors in 2025, about 7% were younger than age 50, 26% were 50–64, 56% were 65–84, and 11% were 85 and older.

Population-based estimates suggest that the number of women living with metastatic breast cancer in the US has increased from about **140,000 in 2018 to approximately 170,000 today.**<sup>11</sup>

---

## Risk of Recurrence:

Recurrence risk varies widely and depends on multiple factors. Long-term cumulative risk estimates range from 5% to 60%, with most between 10% and 30%, and can remain elevated for more than 30 years after diagnosis.<sup>6–9</sup>

---

## Risk Factors:

Only 5–10% of breast cancers are caused by inherited genetic mutations. The strongest risk factors for breast cancer are increasing age and being assigned female at birth.<sup>2</sup>

### Non-modifiable risk factors include:<sup>2, 12–13</sup>

- Inherited genetic mutations, such as BRCA1 and BRCA2
- Early menarche (starting menstrual periods before age 12) and late menopause (after age 55)
- Dense breast tissue
- Personal history of breast cancer or certain benign breast conditions
- Family history of breast cancer
- Previous radiation therapy to the chest or breasts
- Exposure to diethylstilbestrol (DES), a now-banned synthetic estrogen, during pregnancy or in utero
- Prolonged lifetime exposure to estrogen

### Risk factors that are potentially modifiable include:

- Lack of physical activity
- Being overweight or having obesity after menopause
- Use of hormonal medications, such as menopausal hormone therapy or hormonal contraceptives
- Reproductive history, including later age at first full-term pregnancy, not breastfeeding, or never having a full-term pregnancy
- Alcohol consumption

## DCIS & Screening:

Ductal carcinoma in situ (DCIS) consists of abnormal cells confined within the milk duct. The cells have not invaded surrounding breast tissue.

Not all DCIS will progress to invasive breast cancer. Because we cannot yet reliably predict which cases may progress, both treatment strategies and active monitoring approaches are being studied in clinical trials.

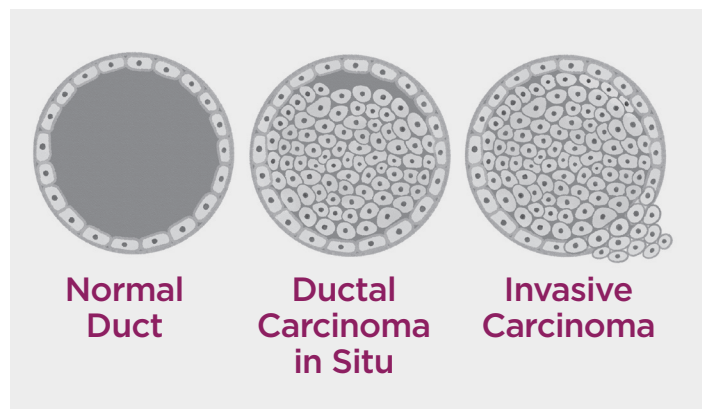
DCIS diagnosis was rare before 1980. The widespread adoption of screening mammography was associated with a substantial increase in DCIS diagnoses. From 1980–2000, women ages 20–49 experienced an approximately **400% increase** in DCIS diagnoses, while women ages 50 and older experienced more than a **900% increase.**<sup>2</sup>

Despite this increase in early-stage detection, screening mammography has **not led to a corresponding decrease in the rate of distant-stage (lethal) breast cancer at diagnosis.**<sup>2</sup>

Overdiagnosis of breast cancer—defined as the detection of cancers that would not have caused harm during a person’s lifetime—remains difficult to quantify.

Estimates of overdiagnosis associated with screening mammography range from approximately **11% to 22%**, and may include both DCIS and some invasive cancers.<sup>14</sup>

Screening mammography can also result in false-positive and false-negative findings. Over a 10-year period, **more than half of women** undergoing annual screening mammography will experience at least one false-positive result, leading to additional imaging or biopsy.<sup>15–17</sup>



## A Note on Language:

Though the literature tends to use language that reflects a gender binary, NBCC as an organization acknowledges that breast cancer affects people of all gender identities.

## References:

- <sup>1</sup> Siegel RL, et al. Cancer statistics, 2026. CA Cancer J Clin. 2026 Jan Feb;76(1).
- <sup>2</sup> Giaquinto AN, et al. Breast cancer statistics 2024. CA Cancer J Clin. 2024 Nov-Dec;74(6):477-495.
- <sup>3</sup> Feuer EJ, et al. The lifetime risk of developing breast cancer. J Natl Cancer Inst. 1993 Jun 2;85(11):892-7.
- <sup>4</sup> Zhang Y, et al. Global burden of female breast cancer: new estimates in 2022, temporal trend and future projections up to 2050 based on the latest release from GLOBOCAN. J Natl Cancer Cent. 2025 Feb 13;5(3):287-296.
- <sup>5</sup> National Cancer Institute. Cancer of the Breast (Female) - Cancer Stat Facts. SEER <https://seer.cancer.gov/statfacts/html/breast.html> (2025).
- <sup>6</sup> Saphner T, Tormey DC, Gray R. Annual hazard rates of recurrence for breast cancer after primary therapy. J Clin Oncol. 1996 Oct;14(10):2738-46.
- <sup>7</sup> Colleoni M, et al. Annual Hazard Rates of Recurrence for Breast Cancer During 24 Years of Follow-Up: Results From the International Breast Cancer Study Group Trials I to V. J Clin Oncol. 2016 Mar 20;34(9):927-35.
- <sup>8</sup> Pan H, et al. EBCTCG. 20-Year Risks of Breast-Cancer Recurrence after Stopping Endocrine Therapy at 5 Years. N Engl J Med. 2017 Nov 9;377(19):1836-1846.
- <sup>9</sup> Pedersen RN, et al. The Incidence of Breast Cancer Recurrence 10-32 Years After Primary Diagnosis. J Natl Cancer Inst. 2022 Mar 8;114(3):391-399.
- <sup>10</sup> American Cancer Society. (2025). Treatment and survivorship news. Retrieved January 21, 2026, from <https://www.cancer.org/research/acs-research-news/treatment-and-survivorship-news-2025.html>
- <sup>11</sup> Gallicchio L, et al. Estimation of the Number of Individuals Living With Metastatic Cancer in the United States. J Natl Cancer Inst. 2022 Nov 14;114(11):1476-1483.
- <sup>12</sup> Centers for Disease Control and Prevention. Hereditary Breast Cancer and BRCA Genes | Bring Your Brave. [https://www.cdc.gov/cancer/breast/young\\_women/bringyourbrave/hereditary\\_breast\\_cancer/index.htm](https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/hereditary_breast_cancer/index.htm) (2022).
- <sup>13</sup> Centers for Disease Control and Prevention. What Are the Risk Factors for Breast Cancer? <https://www.cdc.gov/breast-cancer/risk-factors/index.html>
- <sup>14</sup> Ryser MD, Etzioni RB. Estimation of Breast Cancer Overdiagnosis in a U.S. Breast Screening Cohort. Ann Intern Med. 2022 Oct;175(10):W116-W117.
- <sup>15</sup> Nelson H, et al. Harms of Breast Cancer Screening: Systematic Review to Update the 2009 U.S. Preventive Services Task Force Recommendation. Ann Intern Med. 2016 Feb 16;164(4):256-67.
- <sup>16</sup> American Cancer Society. Limitations of Mammograms. <https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/mammograms/limitations-of-mammograms.html> (2026).
- <sup>17</sup> Hubbard RA, et al. Cumulative probability of false-positive recall or biopsy recommendation after 10 years of screening mammography: a cohort study. Ann Intern Med. 2011 Oct 18;155(8):481-92.

## Treatment:

### Common approaches to breast cancer treatment in the United States

**Surgery (Mastectomy) & Lumpectomy)**



**Chemotherapy**



**Radiation**



**Hormonal**



**Targeted Therapy**



**Immunotherapy**



**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

# DATOS Y CIFRAS SOBRE EL CÁNCER DE MAMA 2025

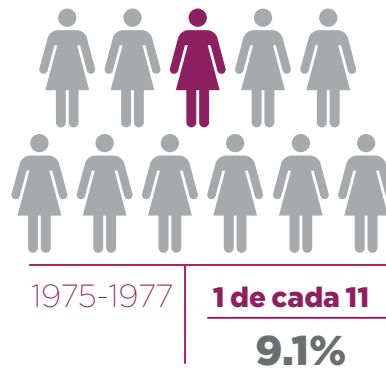
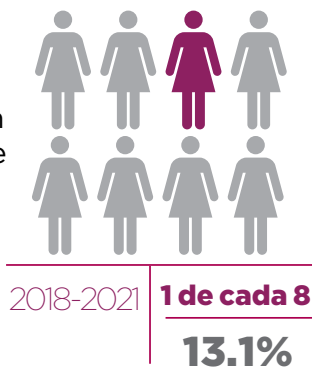
La Coalición Nacional contra el Cáncer de Mama (NBCC) es una organización de base dedicada a poner fin al cáncer de mama a través de la acción, la defensa y el apoyo.

## 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:

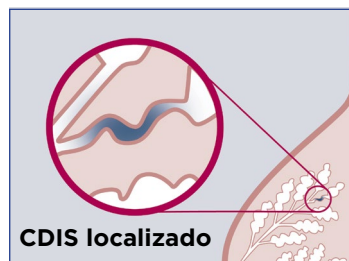
- ◆ Falta de actividad física
- ◆ Sobrepeso u obesidad (postmenopausia)
- ◆ Tomar medicamentos hormonales, como terapia hormonal para la menopausia o anticonceptivos hormonales
- ◆ Historial reproductivo, como tener más de 30 años en el momento del primer embarazo a término, no haber amamantado y no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

## REFERENCIAS

1. Siegel RL, Kratzer TB, Giaquinto AN, Sung H, Jemal A. Cancer statistics, 2025. *CA Cancer J Clin.* 2025 Jan-Feb;75(1):10-45. <https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21871>
2. Giaquinto AN, Sung H, Newman LA, Freedman RA, Smith RA, Star J, Jemal A, Siegel RL. Breast cancer statistics 2024. *CA Cancer J Clin.* 2024 Nov-Dec; 74(6):477-495. <https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21863>
3. Feuer, E. J. et al. The Lifetime Risk of Developing Breast Cancer. *JNCI J. Natl. Cancer Inst.* **85**, 892-897 (1993).
4. Bray, F., et al., Global cancer statistics 2022: *GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries.* *CA Cancer J Clin.* 2024. **74**(3): p. 229-263.
5. National Cancer Institute. Cancer of the Breast (Female) - Cancer Stat Facts. SEER <https://seer.cancer.gov/statfacts/html/breast.html> (2024).
6. Saphner, T. et al. Annual hazard rates of recurrence for breast cancer after primary therapy. *J. Clin. Oncol. O. J. Am. Soc. Clin. Oncol.* **14**, 2738-2746 (1996).
7. Colleoni, M. et al. Annual Hazard Rates of Recurrence for Breast Cancer During 24 Years of Follow-Up: Results From the International Breast Cancer Study Group Trials I to V. *J. Clin. Oncol.* **34**, 927-935 (2016).
8. Pan, H. et al. 20-Year Risks of Breast-Cancer Recurrence after Stopping Endocrine Therapy at 5 Years. *N. Engl. J. Med.* **377**, 1836-1846 (2017).
9. Pedersen, R. N. et al. The Incidence of Breast Cancer Recurrence 10-32 Years After Primary Diagnosis. *JNCI J. Natl. Cancer Inst.* **114**, 391-399 (2022).
10. Miller, K. D. et al. Cancer treatment and survivorship statistics, 2022. *CA. Cancer J. Clin.* **72**, 409-436 (2022).
11. Gallicchio, L. et al. Estimation of the Number of Individuals Living With Metastatic Cancer in the United States. *JNCI J. Natl. Cancer Inst.* **114**, 1476-1483 (2022).
12. American Cancer Society. Cancer Facts & Figures 2023. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2023/2023-cancer-facts-and-figures.pdf> (2023).
13. Centers for Disease Control and Prevention. Hereditary Breast Cancer and BRCA Genes | Bring Your Brave. [https://www.cdc.gov/cancer/breast/young\\_women/bringyourbrave/hereditary\\_breast\\_cancer/index.htm](https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/hereditary_breast_cancer/index.htm) (2022).
14. Centers for Disease Control and Prevention. What Are the Risk Factors for Breast Cancer? [https://www.cdc.gov/cancer/breast/basic\\_info/risk\\_factors.htm](https://www.cdc.gov/cancer/breast/basic_info/risk_factors.htm) (2022).
15. National Cancer Institute. Breast Recent Trends in SEER Age-Adjusted Incidence Rates, 2000-2019. [https://seer.cancer.gov/statistics-network/explorer/application.html?site=55&data\\_type=1&graph\\_type=2&compareBy=stage&chk\\_stage\\_101=101&chk\\_stage\\_104=104&chk\\_stage\\_105=105&chk\\_stage\\_106=106&chk\\_stage\\_107=107&hdn\\_rate\\_type=1&sex=3&race=1&age\\_range=1&advopt\\_precision=1&advopt\\_show\\_ci=on&hdn\\_view=0&advopt\\_show\\_apc=on&advopt\\_display=2#graphArea](https://seer.cancer.gov/statistics-network/explorer/application.html?site=55&data_type=1&graph_type=2&compareBy=stage&chk_stage_101=101&chk_stage_104=104&chk_stage_105=105&chk_stage_106=106&chk_stage_107=107&hdn_rate_type=1&sex=3&race=1&age_range=1&advopt_precision=1&advopt_show_ci=on&hdn_view=0&advopt_show_apc=on&advopt_display=2#graphArea).
16. Ryser, M. D. et al. Estimation of Breast Cancer Overdiagnosis in a U.S. Breast Screening Cohort. *Ann. Intern. Med.* **175**, 471-478 (2022).
17. Nelson, H. et al. Harms of Breast Cancer Screening: Systematic Review to Update the 2009 U.S. Preventative Services Task Force Recommendation. <https://www.uspreventiveservicestaskforce.org/uspstf/document/evidence-summary-harms-of-screening-for-breast-cancer/breast-cancer-screening> (2016).
18. American Cancer Society. Limitations of Mammograms. <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/mammograms/limitations-of-mammograms.html> (2023).
19. Hubbard, R. A. et al. Cumulative probability of false-positive recall or biopsy recommendation after 10 years of screening mammography. *Ann. Intern. Med.* **155**, 481-492 (2011).