

Breast Cancer Screening Disparities in Medicare Beneficiaries



Why it is important to get breast cancer screening?

Approximately one in eight women will be diagnosed with breast cancer during their lifetime, making it among the most common types of cancer in women in the United States.¹ Although rare, men can also get breast cancer. When caught early, breast cancer is very treatable with a 5- year relative survival rate of 90%.²

The best way to find breast cancer early is through screening. Screening, most commonly mammography, looks for signs of cancer before symptoms may be noticeable to the patient. The goal of screening tests is to find cancer at an early stage when treatment may lead to a cure.³

Who should receive breast cancer screening?

It is possible for women to develop breast cancer at any point over the course of their lifetime. However, breast cancer is most frequently diagnosed among women aged 55–64.² The United States Preventive Services Task Force recommends screening mammography every two years for women aged 50 to 74 years who are of average risk.⁴ The Women’s Preventive Services Initiative recommends that average-risk women initiate screening mammography no earlier than age 40 and no later than age 50.⁵ Both sets of recommendations state that patients should work with their healthcare team to determine what cadence of screening is appropriate for them. Women at higher-risk (e.g., individuals with BRCA mutations, family history of breast/ovarian cancer) should also work with their healthcare team to determine when they should begin screening and how often the screening should take place.

What are the benefits of breast cancer screening?

As shown in Figure 1², breast cancer screening is important because it decreases the number of women diagnosed with late-stage cancer, therefore increasing the 5-year survival rate. Almost 99% of women diagnosed with breast cancer at the earliest stage live for 5 years or more, compared to about 27% of those diagnosed at the most advanced stage.



The Benefits of Using

Proven Strategies

- More breast cancer screening would:
- **REDUCE** deaths. Compared to no screening, screening every 2 years reduces breast cancer deaths by 26% for every 1,000 women screened.
- **INCREASE** life expectancy. Women who are screened every 2 years can expect to live 1.4 months longer than women who are not screened.
- **DECREASE** the number of women diagnosed with late-stage cancer. Screening has contributed to a 29% reduction in the number of women diagnosed with breast cancer that has spread to other parts of the body.
- **INCREASE** 5-year survival rates. Almost 99% of women diagnosed with breast cancer at the earliest stage live for 5 years or more, compared to about 27% of those diagnosed at the most advanced stage.
- **SAVE** money. Breast cancers diagnosed at an early stage are much less expensive to treat than those diagnosed at a late stage.



About 5.3% of US women aged 40 to 64 were eligible for NBCCEDP breast cancer screening services during 2016-2017. The program was able to serve 15% of eligible women during this time.

Source: Cost-Effectiveness of Breast Cancer Interventions⁶

What is the prevalence rate of breast cancer among Medicare beneficiaries? Are there any disparities in beneficiaries who are getting breast cancer screening?

The **Mapping Medicare Disparities Tool (MMD Tool)** developed by the Centers for Medicare & Medicaid Services (CMS) illustrates the breast cancer prevalence and screening mammography among females with Medicare fee-for-service (FFS) varied by year, age, sex, race and ethnicity, eligibility for Medicare and Medicaid, and geographic areas.⁷ As shown in Figure 2, the breast cancer prevalence rate was increased from 5% in 2012 to 8% in 2021, and Whites and Blacks had a higher prevalence rate compared to Asian/Pacific Islanders, Hispanics, and American Indians/Alaska Natives. Figure 3 shows 34% of the people with FFS had screening mammography in 2021; the screening rates were between 31% to 34% during 2012 – 2021, except it dropped to 29% in 2020. The rate was higher among Whites at 35% and Blacks at 32%, and lower among Asian/Pacific Islanders at 25%, Hispanics at 22%, and American Indians/Alaska Natives at 21% as shown in Figure 4.

Figure 2 – Age Adjusted Breast Cancer Prevalence Rate among Females with Medicare FFS by Race and Ethnicity, 2012 – 2021

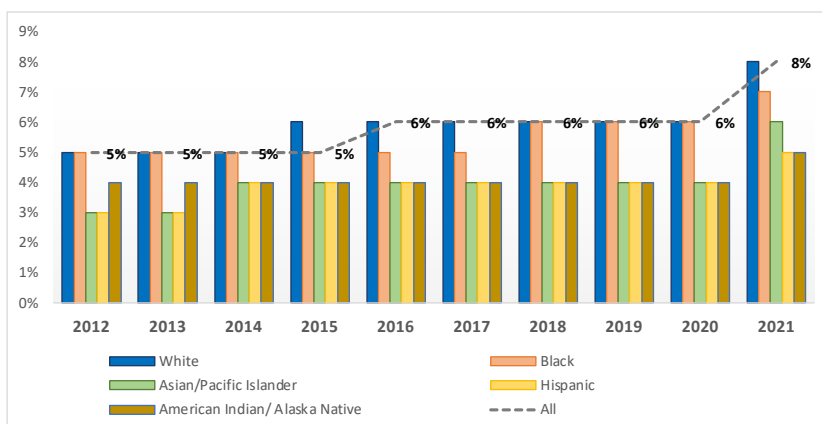


Figure 3 – Screening Mammography Rate among Medicare FFS Beneficiaries by Year, 2012 – 2021

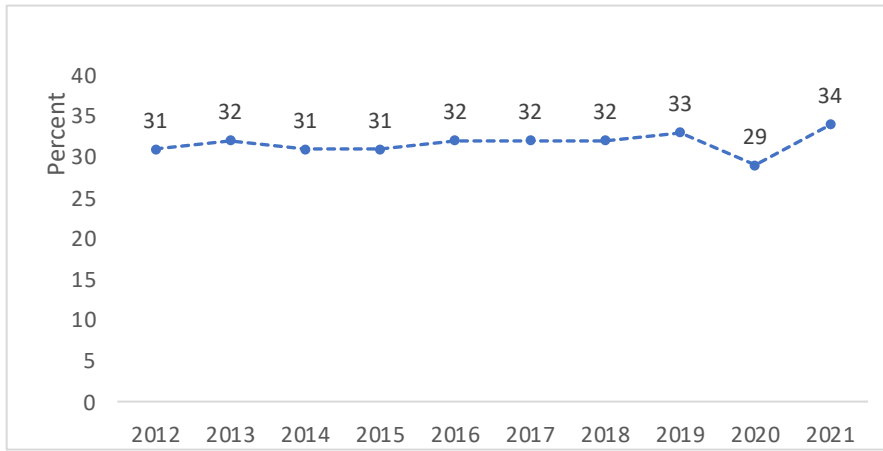
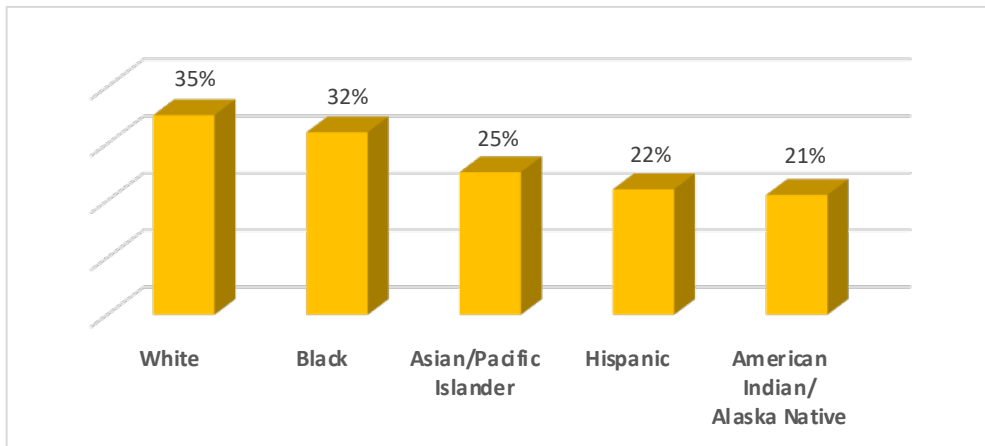


Figure 4 – Age Adjusted Screening Mammography Rate among Medicare FFS Beneficiaries by Race and Ethnicity, 2021



Using data from the MMD Tool, we also looked at breast cancer rate by geography across the minority groups. Figure 5 shows screening mammography rate among Medicare FFS beneficiaries by county, and Figure 6 shows geographic differences in rate of screening mammography among minority racial and ethnic groups with FFS in 2021. The darker the shade the higher the rate of screening.

Figure 5 – Screening Mammography Rate among Medicare FFS Beneficiaries, 2021

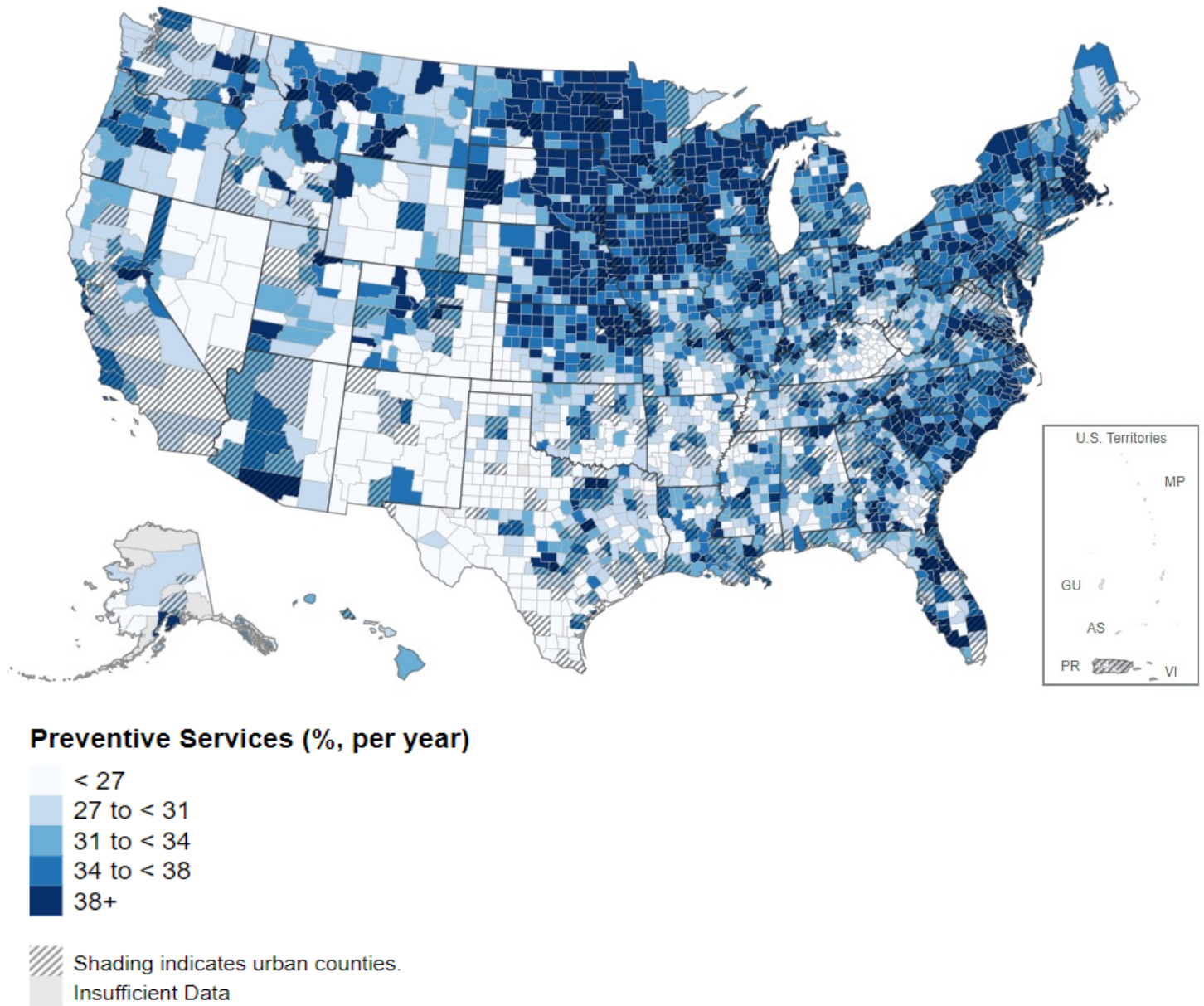
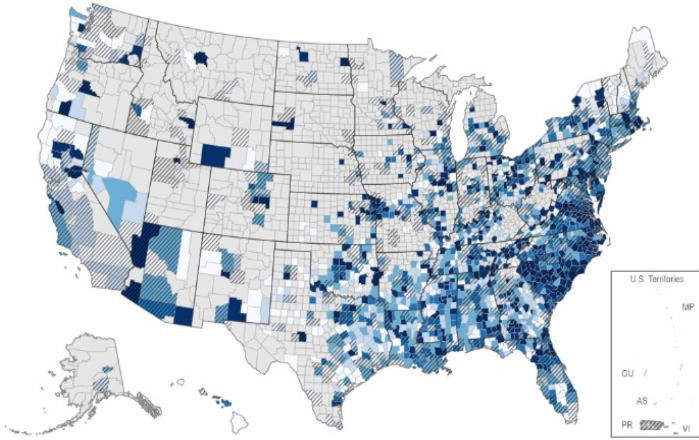
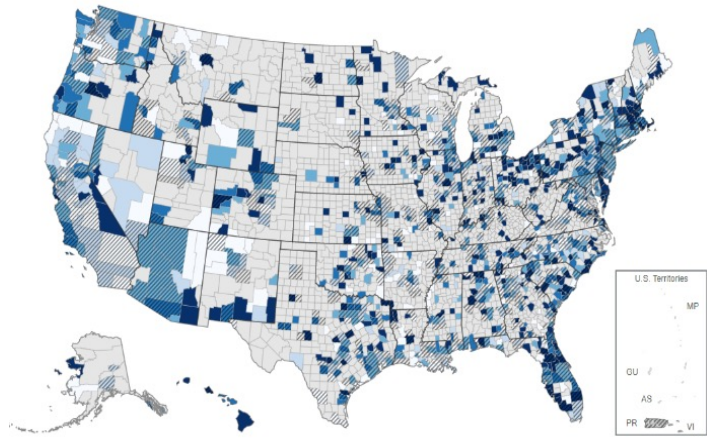


Figure 6 - Screening Mammography Rate Among Medicare FFS Beneficiaries by Race and Ethnicity, 2021

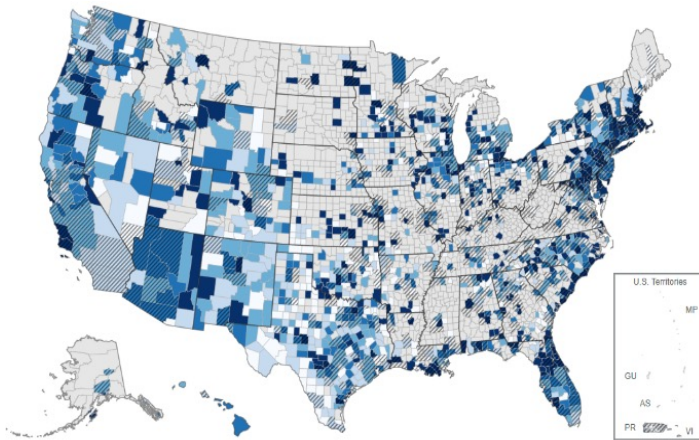
Among Black Beneficiaries



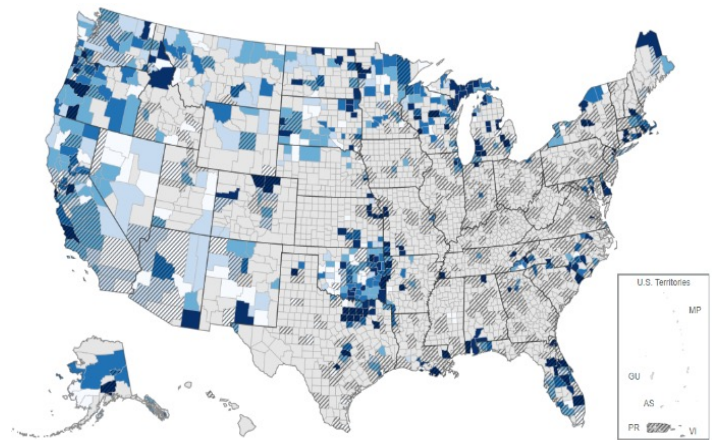
Among Asian/Pacific Islander Beneficiaries



Among Hispanic Beneficiaries



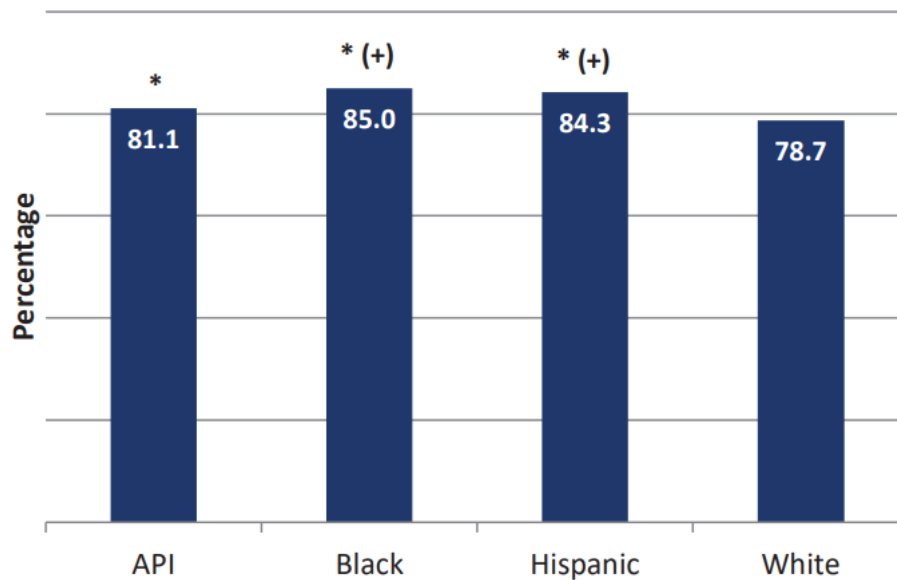
**Among American Indian/
Alaska Native Beneficiaries**



In addition to looking at breast cancer screening in Medicare FFS beneficiaries, we looked at screening rate for racial, ethnic, gender, and rural-urban for beneficiaries who are enrolled in Medicare Advantage (MA). The data in Figure 7 below illustrates that in 2019, Asian/Pacific Islander, Black, and Hispanic women were more likely than White women to have been appropriately screened for breast cancer.⁸

Figure 7

Breast Cancer Screening
Percentage of MA enrollees (women) aged 50 to 74 years who had appropriate screening for breast cancer, by race and ethnicity, 2019

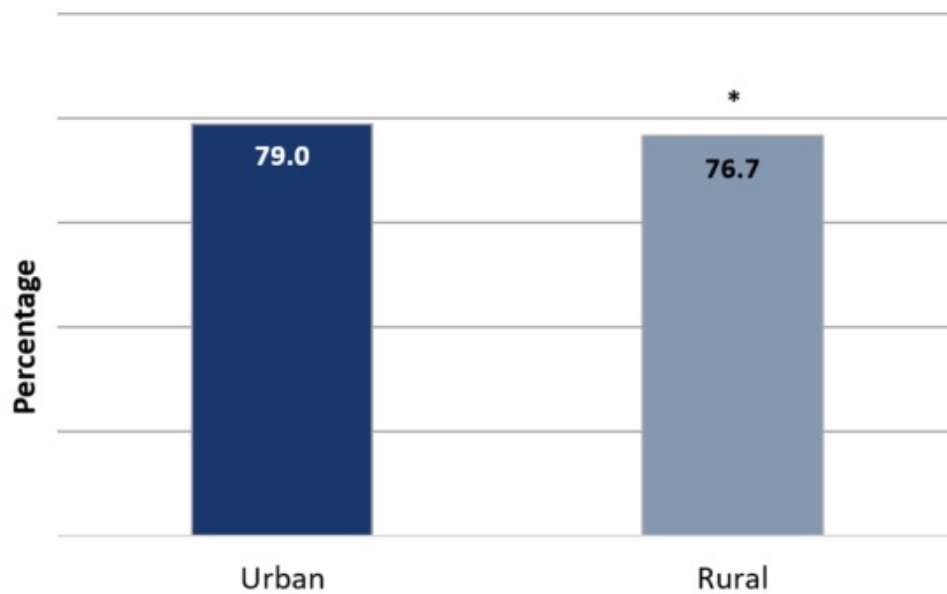


SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

We also compared screening rate among Medicare MA women beneficiaries for 2019 by geography as seen in Figure 8-9 below. Figure 7 shows rural women were less likely than urban women to have been appropriately screened for breast cancer.⁹

Figure 8

Breast Cancer Screening
Percentage of MA enrollees (women) aged 50 to 74 years who had appropriate screening for breast cancer, by geography, 2019

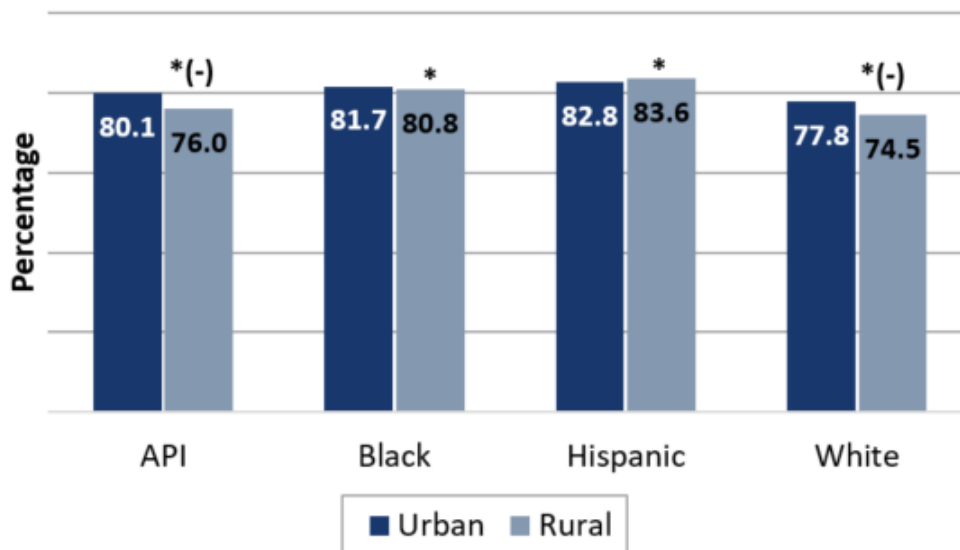


SOURCE: Clinical quality data collected in 2019 from MA plans nationwide.
NOTES: Clinical quality data not available for FFS Medicare beneficiaries.

Additionally, as seen in Figure 9 among Asian/Pacific Islander, Black, and White women, rural residents were less likely than urban residents to have been appropriately screened for breast cancer. Among Hispanic women, rural residents were more likely than urban residents to have been appropriately screened for breast cancer.

Figure 9

Breast Cancer Screening
Percentage of MA enrollees (women) aged 50 to 74 years who had appropriate screening for breast cancer, by geography within racial and ethnic group, 2019



SOURCE: Clinical quality data collected in 2019 from Medicare health plans nationwide.

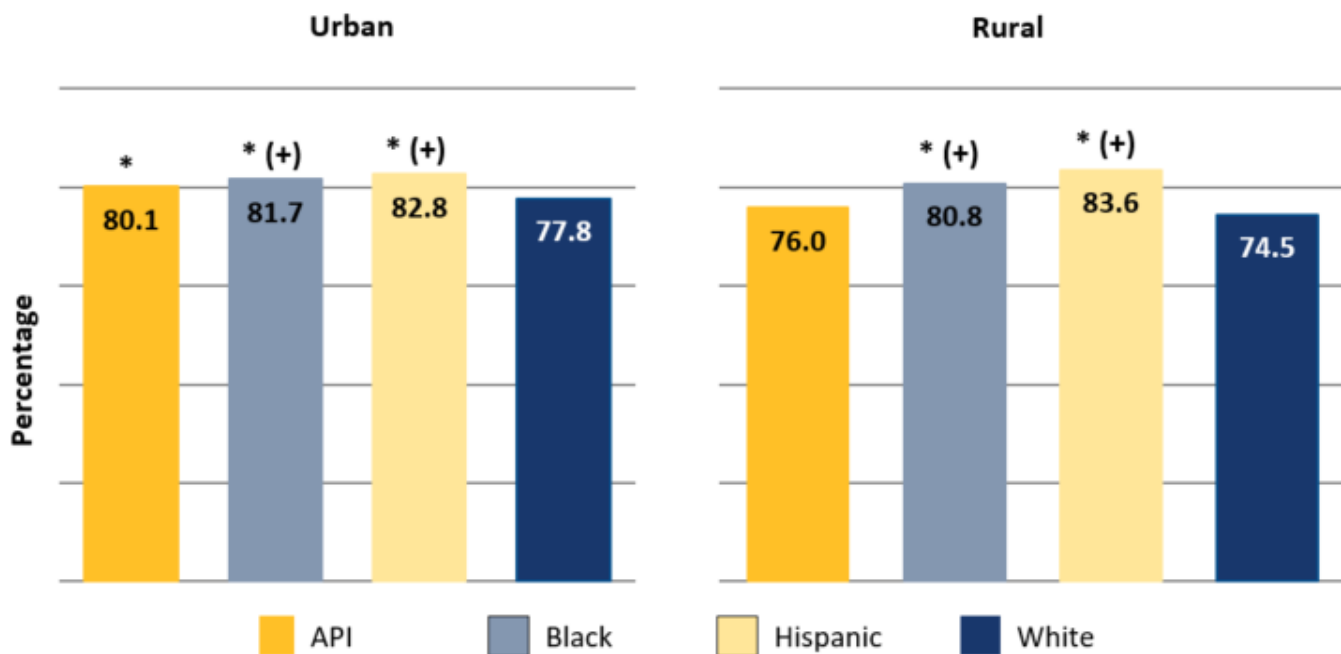
NOTES: API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. Clinical quality data are not available for fee-for-service Medicare beneficiaries.

Figure 10 illustrates that urban Asian/Pacific Islander women were more likely than urban White women to have been appropriately screened for breast cancer, while rural Asian/Pacific Islander women were about as likely as rural White women to have been appropriately screened for breast cancer. In both urban and rural areas, Black women were more likely than White women to have been appropriately screened for breast cancer. In both urban and rural areas, Hispanic women were more likely than White women to have been appropriately screened for breast cancer.

Figure 10

Breast Cancer Screening

Percentage of MA enrollees (women) aged 50 to 74 years who had appropriate screening for breast cancer, by race and ethnicity within urban and rural areas, 2019

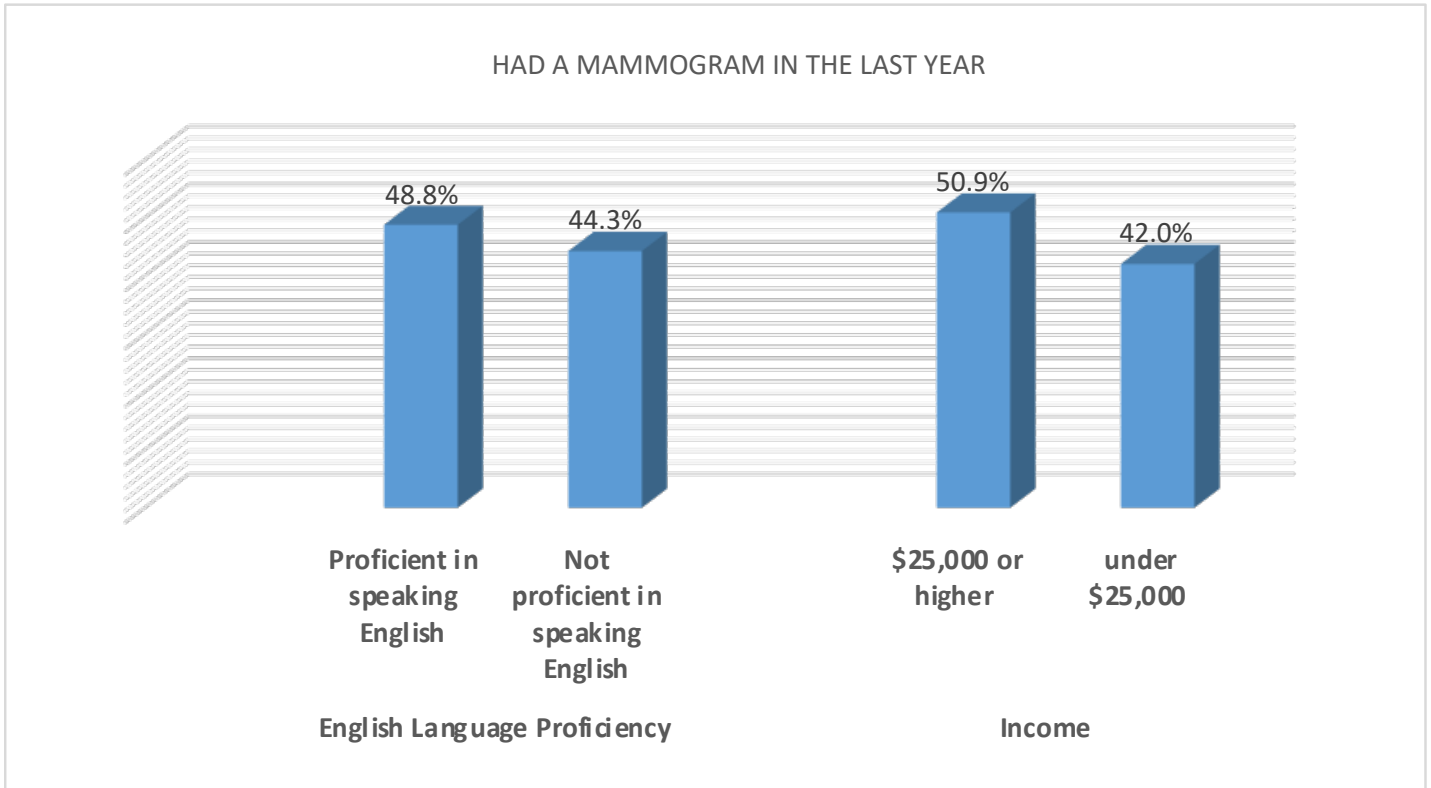


SOURCE: Clinical quality data collected in 2019 from Medicare health plans nationwide.

NOTES: API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. Clinical quality data are not available for fee-for-service Medicare beneficiaries.

Lastly, the estimates from Medicare Current Beneficiary Survey (MCBS) for female Medicare beneficiaries living only in the Community in 2020 illustrate that the beneficiaries proficient in speaking English and combined income \$25,000 or higher had a higher breast cancer screening rate as shown in Figure 11.

Figure 11 – Screening Mammography among Female Medicare Beneficiaries Living Only in the Community in 2020



It is critical to remember that almost 99% of women diagnosed with breast cancer at the earliest stage live for 5 years or more. By reducing screening disparities, it is very likely that breast cancer outcomes can be improved. Medicare covers this important service.

Medicare Part B (Medical Insurance) covers¹⁰:

- One baseline mammogram if the woman is between ages 35-39.
- Screening mammograms once every 12 months if the woman is age 40 or older.
- Diagnostic mammograms more frequently than once a year, if medically necessary.

Costs in Original Medicare⁹:

- Screening mammogram: Beneficiary pays nothing for the screening test if their doctor or other qualified health care provider accepts assignment.
- Diagnostic mammogram: Beneficiary pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Women should work with their providers to determine when they should start receiving mammograms and what the frequency should be.

Beneficiary Resources

[What Is Breast Cancer Screening?](#)

[Early detection of breast cancer can increase the survivor rate \(Video\)](#)

[Is my test, item, or service covered? Mammograms \(Medicare\)](#)

[Breast Cancer Screening \(PDQ®\)–Patient Version](#)

Provider Resources

[National Cancer Institute - Breast Cancer Screening \(PDQ®\)–Health Professional Version](#)

[Breast Cancer Screening Guidelines for Women chart](#)

[Women’s Preventive Services Guidelines](#)

[American Cancer Society Guidelines for the Early Detection of Cancer](#)

References/Sources

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<https://health.gov/myhealthfinder/topics/health-conditions/cancer/get-tested-breast-cancer>
- ² National Cancer Institute – Cancer State Fact: Female Breast Cancer.
<https://seer.cancer.gov/statfacts/html/breast.html>
- ³ National Cancer Institute – Breast Cancer Screening – Patient Version.
<https://www.cancer.gov/types/breast/patient/breast-screening-pdq>
- ⁴ U.S. Preventive Services – Breast Cancer: Screening.
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening>
- ⁵ Health Resources & Services Administration – Women’s Preventive Services Guidelines.
<https://www.hrsa.gov/womens-guidelines-2016/index.html>
- ⁶ Centers for Disease Control and Prevention – National Center for Chronic Disease Prevention and Health Promotion.
<https://www.cdc.gov/chronicdisease/programs-impact/pop/breast-cancer.htm#:~:text=Women%20who%20are%20screened%20every,women%20who%20are%20not%20screened.&text=DECREASE%20the%20number%20of%20women,other%20parts%20of%20the%20body>
- ⁷ Mapping Medicare Disparities Tool.
<https://data.cms.gov/tools/mapping-medicare-disparities-by-population>
- ⁸ Racial, Ethnic, and Gender Disparities in Health Care in Medicare Advantage Report, April 2021.
<https://www.cms.gov/files/document/racial-ethnic-gender-disparities-health-care-medicare-advantage.pdf>
- ⁹ Rural-Urban Disparities in Health Care in Medicare Report - Preview, November 2020.
https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main
- ¹⁰ Is my test, item, or service covered? www.medicare.gov .
<https://www.medicare.gov/coverage/mammograms>

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