

# 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.<sup>i</sup> 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%.<sup>ii</sup>

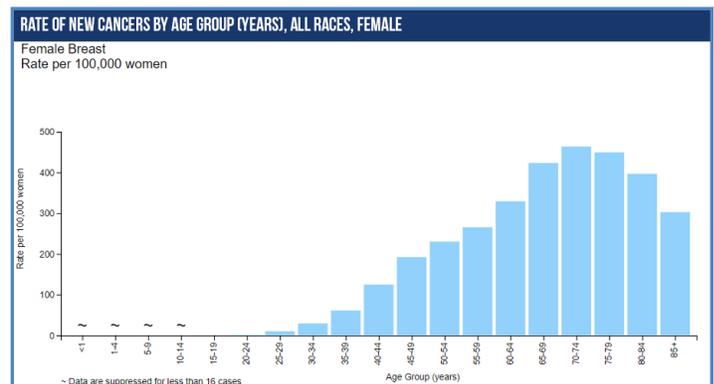
The best way to find breast cancer early is through screening. Screening, most commonly mammography, looks for signs of cancer before symptoms may be noticeable to the patient. The goal of screening tests is to find cancer at an early stage when treatment may lead to a cure.<sup>iii</sup>

## 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.<sup>iv</sup> 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.<sup>v</sup> 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.<sup>vi</sup> 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 1<sup>vii</sup>, 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.<sup>4</sup>
- **INCREASE** life expectancy. Women who are screened every 2 years can expect to live 1.4 months longer than women who are not screened.<sup>4</sup>
- **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.<sup>5</sup>
- **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.<sup>2</sup>
- **SAVE** money. Breast cancers diagnosed at an early stage are much less expensive to treat than those diagnosed at a late stage.<sup>6,7</sup>



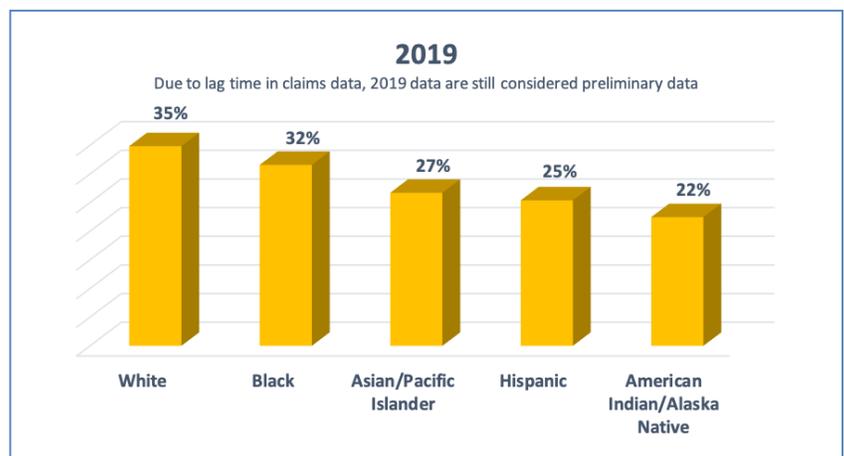
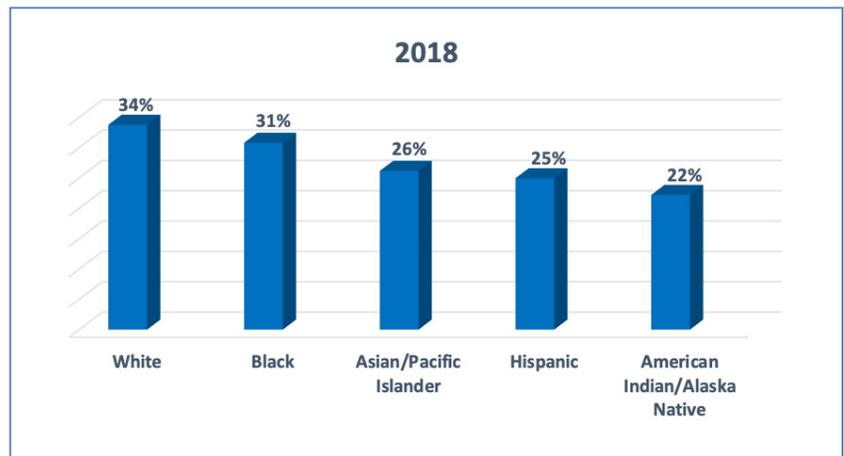
About 5.3% of US women aged 40 to 64 were eligible for NBCCEDP breast cancer screening services during 2016–2017. The program was able to serve 15% of eligible women during this time.<sup>8</sup>

Source: Cost-Effectiveness of Breast Cancer Interventions<sup>viii</sup>

## Are there any disparities in Medicare beneficiaries who are getting breast cancer screening?

In 2018, the rate of Medicare fee-for-service (FFS) beneficiaries who screened for breast cancer (i.e. mammography) was highest among Whites at 34 percent, followed by Blacks at 31 percent. Asian/Pacific Islanders (API) was at 26 percent, Hispanics at 25 percent, and the lowest was American Indian/Alaska Native (AI/AN) at 22 percent. Similarly, for 2019, White beneficiaries had the highest screening rate at 35 percent, followed by Blacks at 32 percent, while AI/AN beneficiaries remained at the lowest at the same 22 percent as shown in Figure 2<sup>ix</sup>.

**Figure 2 – Screening Mammography Rate Among Medicare FFS Beneficiaries by Race and Ethnicity, 2018 – 2019**



Using data from the [Mapping Medicare Disparities Tool](#), we also looked at breast cancer rate by geographic across the minority groups<sup>x</sup>. Figure 3 shows screening mammography rate among Medicare FFS beneficiaries for 2018. The darker the shade the higher the rate of screening.

**Figure 3 – Screening Mammography Rate Among Medicare FFS Beneficiaries, 2018**

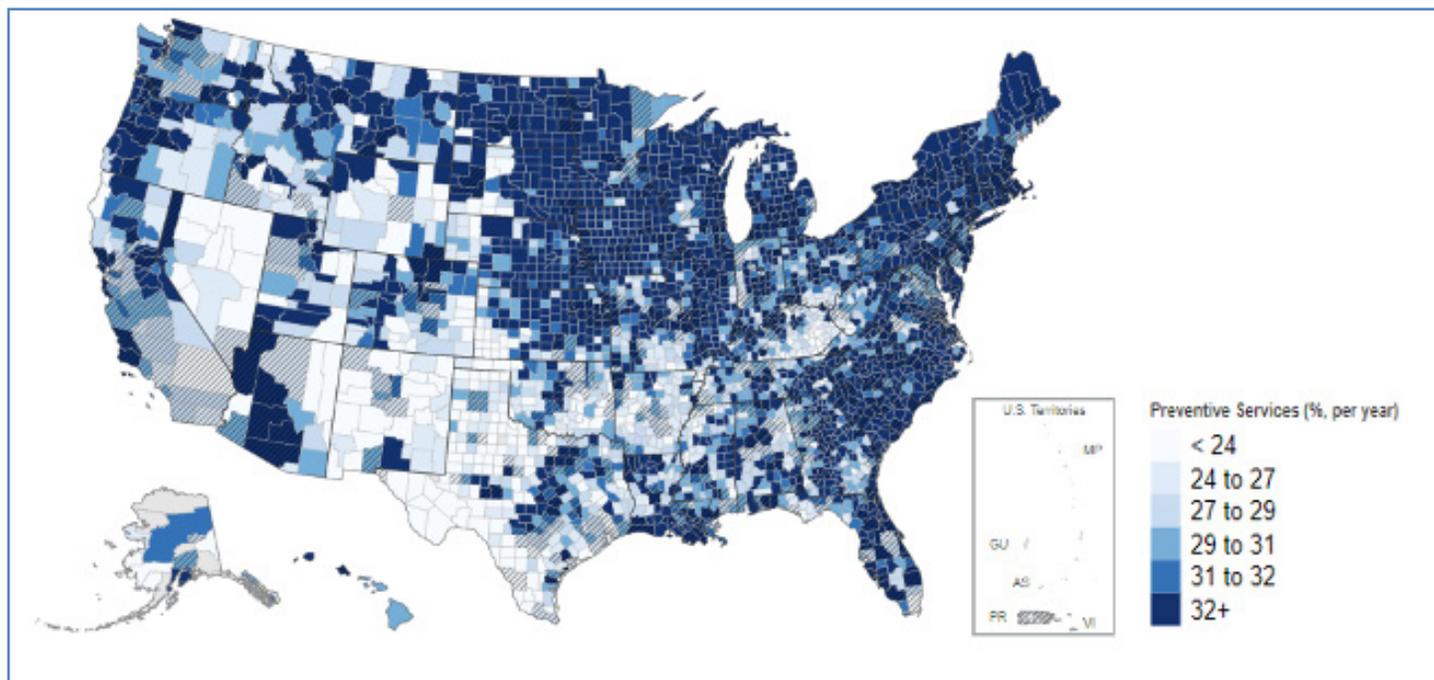
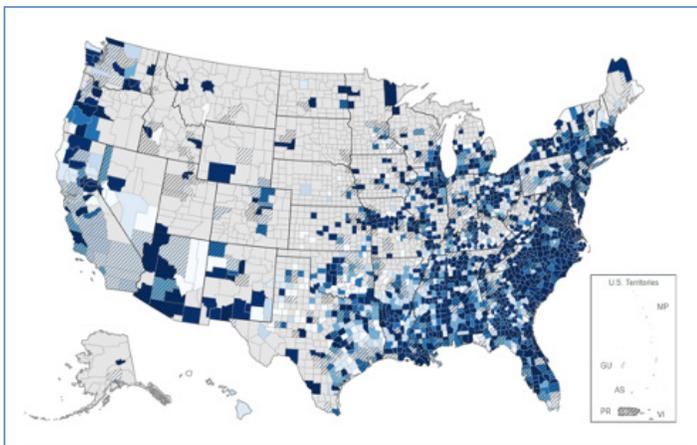


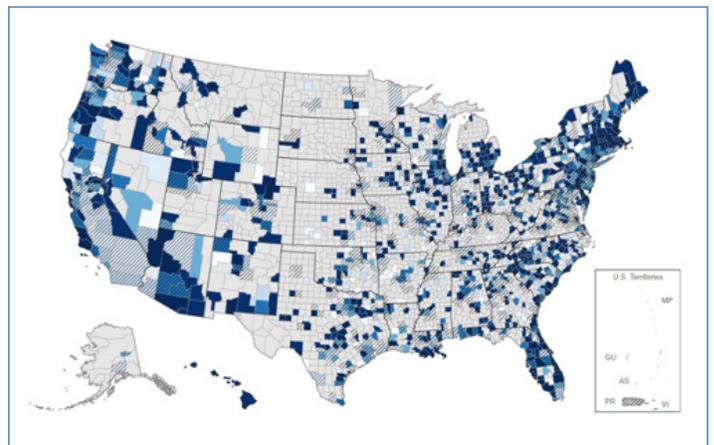
Figure 4 provides similar geographic rate but for the specific race and ethnicity. While Black beneficiaries screening tended to be prevalent on the east coast down to the south Atlantic and southeast central and in certain areas in the southwest and northwest, API beneficiaries tended to be prevalent on the west and sporadically throughout the east coast. Hispanic beneficiaries prevalent rate tended to be throughout across the country, while for AI/ANs had a higher prevalence on the west coast and especially in the northern California and up the Pacific northwest.

**Figure 4 – Screening Mammography Rate Among Medicare FFS Beneficiaries by Race and Ethnicity, 2018**

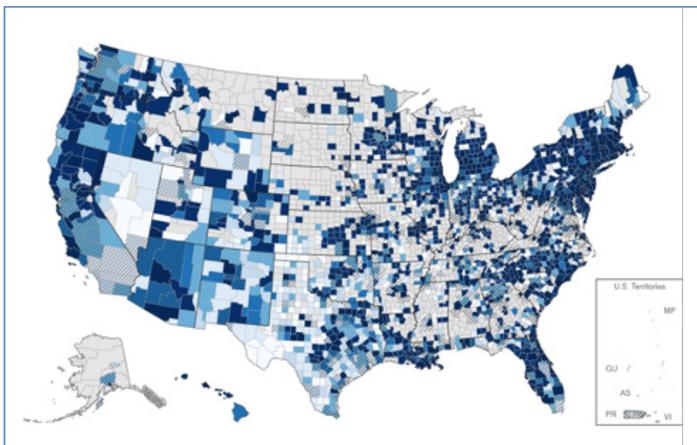
**Among Black Beneficiaries**



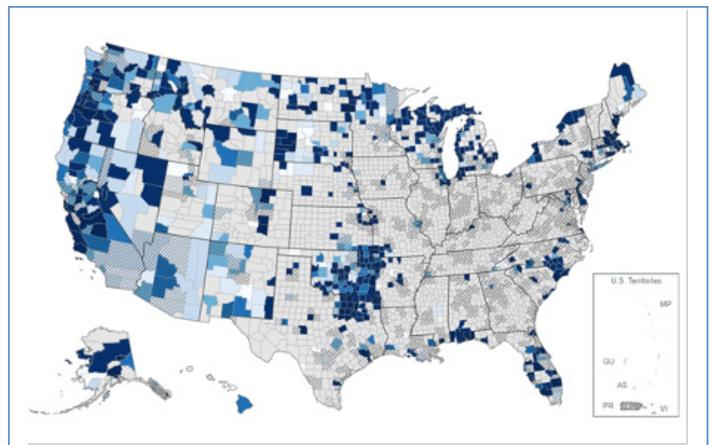
**Among Asian/Pacific Islander Beneficiaries**



**Among Hispanic Beneficiaries**

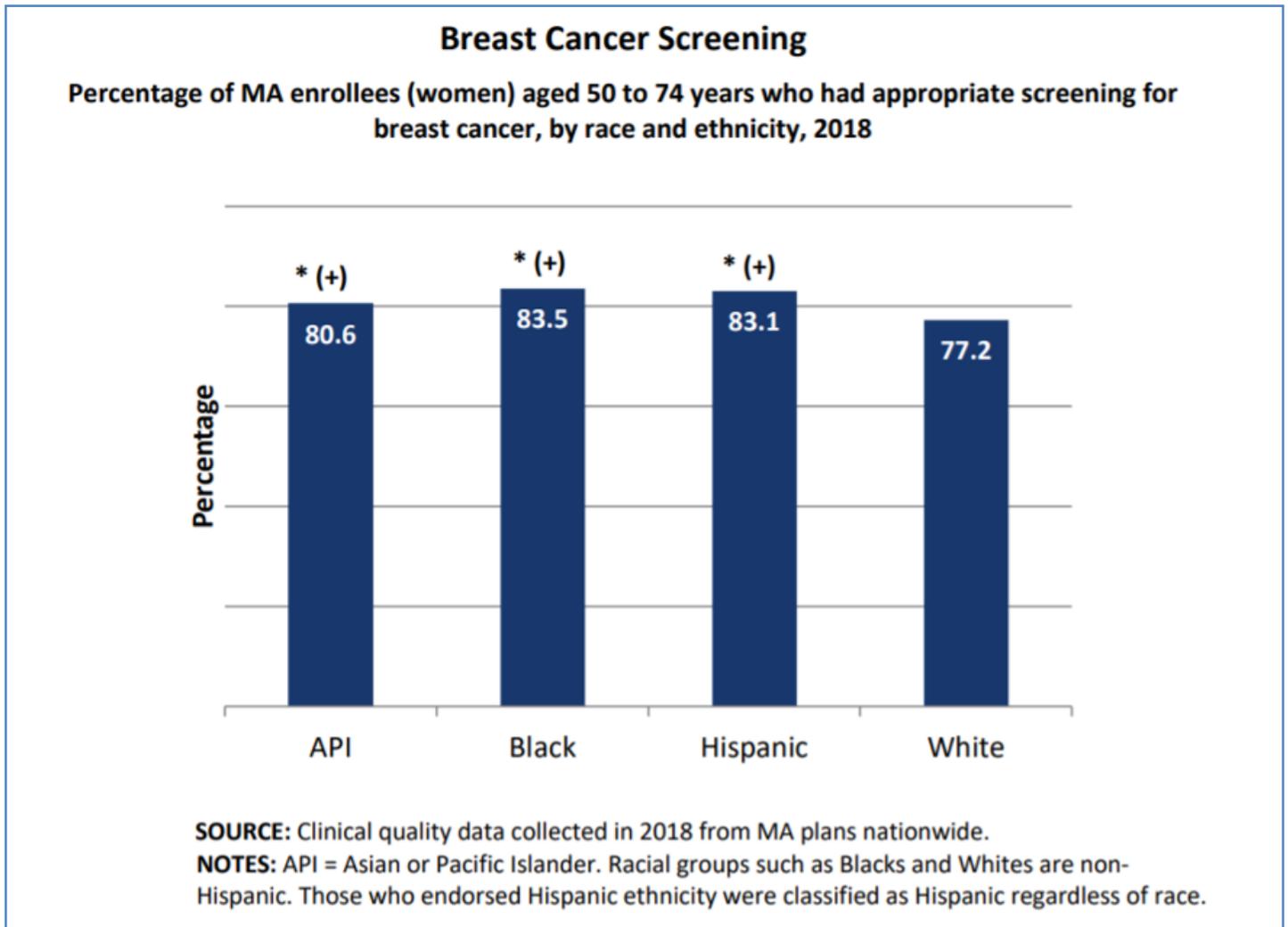


**Among American Indian/  
Alaska Native Beneficiaries**



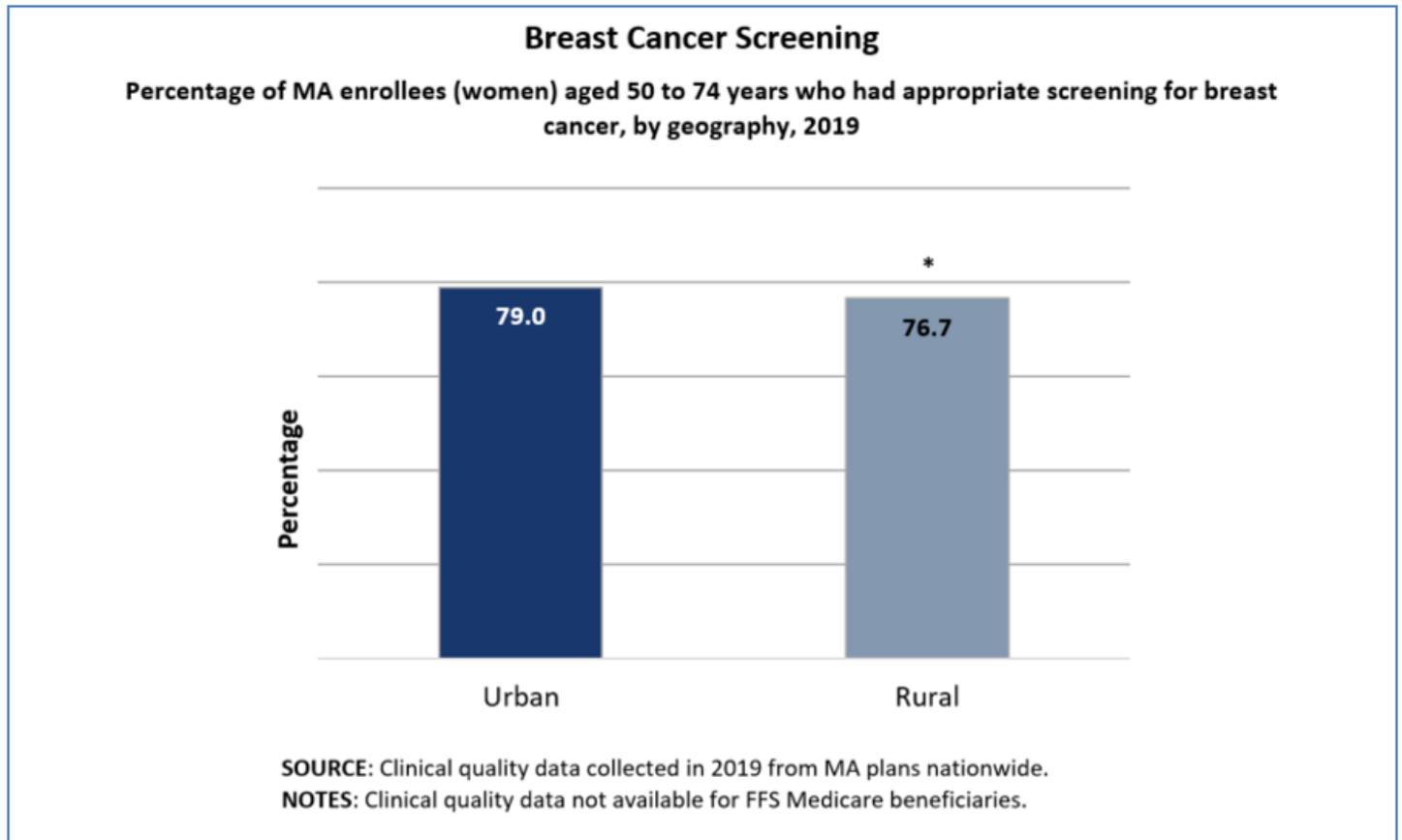
In addition to looking at breast cancer screening in Medicare FFS beneficiaries, we looked at screening rate for racial, ethnic, gender, and rural-urban for beneficiaries who are enrolled in Medicare Advantage (MA). The data in Figure 5 below illustrates that in 2018, API, Black, and Hispanic women between the ages of 50-74 were more likely than White women in this age range to have been appropriately screened for breast cancer.<sup>xi</sup>

**Figure 5**



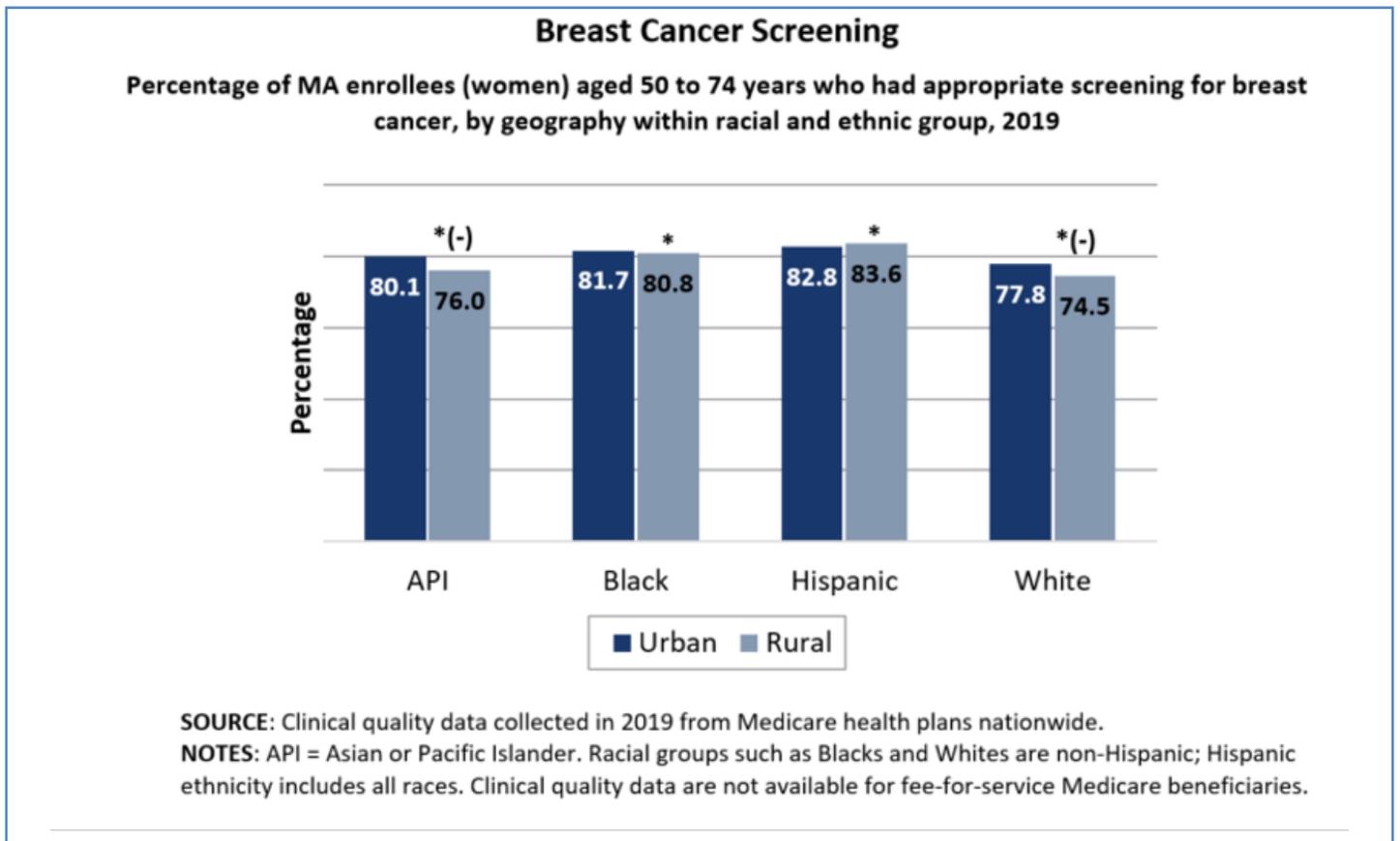
We also compared screening rate among Medicare MA women beneficiaries for 2019 by geography as seen in Figure 6-7 below. Figure 6 shows rural women were less likely than urban women to have been appropriately screened for breast cancer.<sup>xii</sup>

**Figure 6**



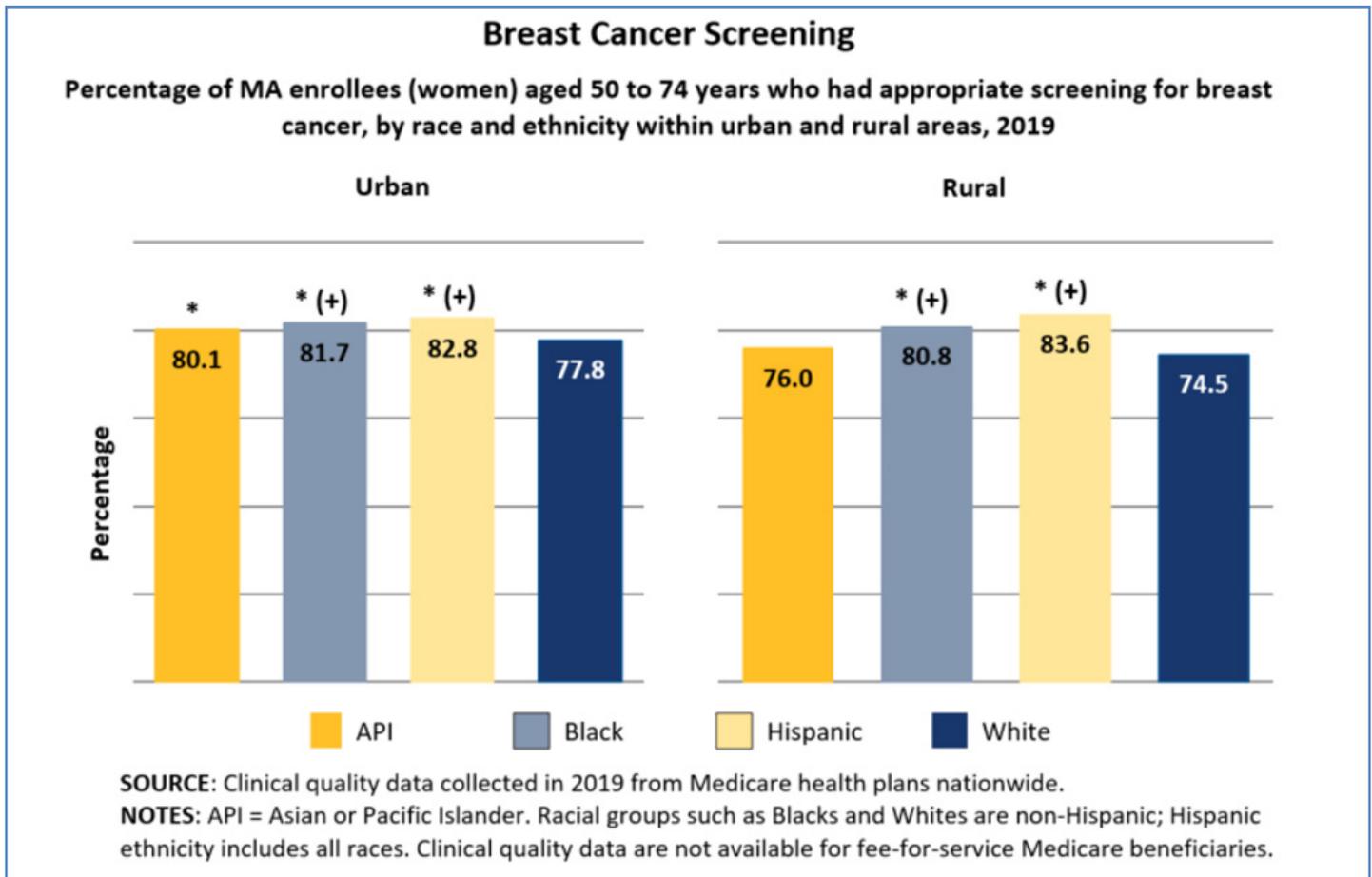
Additionally, as seen in Figure 7 among API, Black, and White women, rural residents were less likely than urban residents to have been appropriately screened for breast cancer. Among Hispanic women, rural residents were more likely than urban residents to have been appropriately screened for breast cancer.

**Figure 7**



Lastly, Figure 8 illustrates that urban API women were more likely than urban White women to have been appropriately screened for breast cancer, while rural API 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 8**



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) covers<sup>xiii</sup>:

- 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 Medicare<sup>xiv</sup>:

- 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?](#)

[Don't put off your yearly mammogram—it's too important to miss!](#)

[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://seer.cancer.gov/statfacts/html/breast.html>
- iii National Cancer Institute – Breast Cancer Screening – Patient Version.  
<https://www.cancer.gov/types/breast/patient/breast-screening-pdq>
- iv National Cancer Institute – Cancer State Fact: Female Breast Cancer.  
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- v U.S. Preventive Services – Breast Cancer: Screening.  
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening>
- vi Health Resources & Services Administration – Women’s Preventive Services Guidelines.  
<https://www.hrsa.gov/womens-guidelines-2016/index.html>
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<https://seer.cancer.gov/statfacts/html/breast.html>
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- x Mapping Medicare Disparities Tool. <https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Mapping-Medicare-Disparities>
- xi Racial, Ethnic, and Gender Disparities in Health Care in Medicare Advantage Report, April 2020.  
<https://www.cms.gov/files/document/2020-national-level-results-race-ethnicity-and-gender-pdf>
- xii Rural-Urban Disparities in Health Care in Medicare Report - Preview, November 2020.  
<https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/rural-health/reports-and-publications>
- xiii Is my test, item, or service covered?  
[www.medicare.gov](http://www.medicare.gov) <https://www.medicare.gov/coverage/mammograms>
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