

CHAPTER

2

Breast Cancer in New Mexico

- Breast cancer is the most frequently diagnosed cancer among women in New Mexico.
- In 2000, an estimated 1000 women will be newly diagnosed with breast cancer, and an estimated 200 women will die of the disease.
- Breast cancer incidence and mortality patterns vary substantially among the state's major ethnic groups (non-Hispanic white, Hispanic, and American Indian).

New Mexico's Demographics

- Health**
- In 1997, New Mexico ranked 42nd in state health rankings.
 - 24.7% of New Mexicans lacked health insurance compared to 17.8% nationwide.
 - New Mexico's cancer rate is the 5th lowest nationally with 358.4 cases per 100,000 compared with 409.8 nationally.
- Income**
- New Mexico's per capita personal income is 22% lower than the national average.
- Age**
- New Mexico's population remains relatively young, but the age structure is changing. The 45–64 age group grew the fastest during 1990–1993 — twice the national rate for this group.

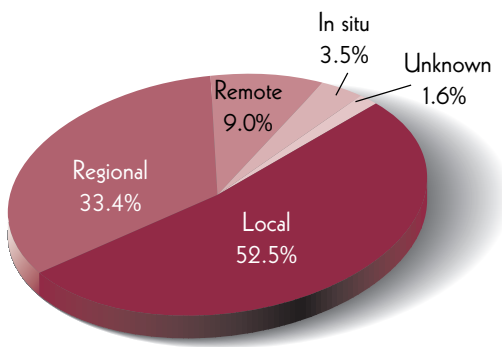
Data compiled from the 1990 Census and the Henry J. Kaiser Foundation.

In 1998, cancer of the breast once again became the most common cancer diagnosed in New Mexico. The 1118 cancers of the breast (male and female) is an increase from the 1039 cancers diagnosed in 1997, and accounts for 17% of all cancers diagnosed in New Mexico residents in 1998. Four percent of breast tumors were unstaged at the time of diagnosis. Seventy-one percent of all breast cancers were *in situ* (18%) or local (53%). This represents an overall 1% increase from the experience in 1997, with a 3% decrease for *in situ* cancers. The majority of those cancers which had spread beyond the breast were regional (21%) with 3.5% of all breast cancers diagnosed at the remote stage. This represents a 2% increase in regional staged cancer since 1997.

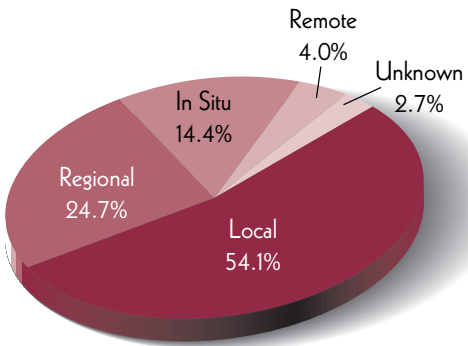
Age adjusted incidence rates show a large increase in American Indian breast cancer cases since the 1988–92 time period, a moderate increase in Hispanic women, with a slight increase in the non-Hispanic white population over the same time frame. The 5-year adjusted incidence rates indicate an upward trend for breast cancer incidence in American Indian women in the most recent years.

The 5-year survival rate among persons diagnosed with breast cancer between 1973 and 1998 was 81% for all stages, 90% for local disease, 70% for regional stage and 21% for distant stage. This represents an overall 1% increase in 5-year survival rates for all stages. In 1998, the 10-year survival rate for all stages combined was 69% and the survival rate for those with local stage of disease at diagnosis was 81%. Again, this represents an overall 1% increase in the 10-year survival rates.

Breast Cancer in New Mexico by Stage at Diagnosis, 1973–1977 Compared with 1993–1998



1973–77



1993–98

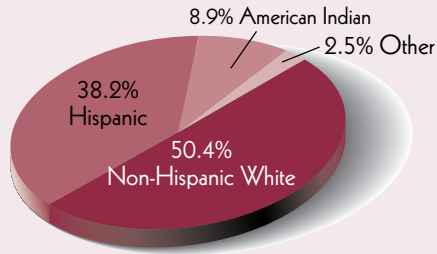
Source: New Mexico Tumor Registry, 2000.

Breast Cancer and Ethnicity

Breast cancer epidemiology in New Mexico differs from the nationwide pattern and reflects the ethnic and age distribution of the state. Patterns of breast cancer incidence and mortality vary widely among its three main racial and ethnic groups: non-Hispanic white, Hispanic, and American Indian. Although African American women represent a small percentage of New Mexico's population, they are particularly important to include in all screening programs because of their disproportionate breast cancer mortality. In New Mexico, non-Hispanic white women are at greatest risk for developing breast cancer, American Indian women are at least risk, and Hispanic women are in between the other two groups. These rates may reflect genetic/hereditary differences between non-Hispanic whites, Hispanics, and American Indians, as well as lifestyle factors.

New Mexico's Ethnic Make-Up

In 1995, New Mexico had the largest percentage of minorities of any state in the nation and the largest percentage of Hispanics and American Indians.



Breast Cancer in Non-Hispanic White Women

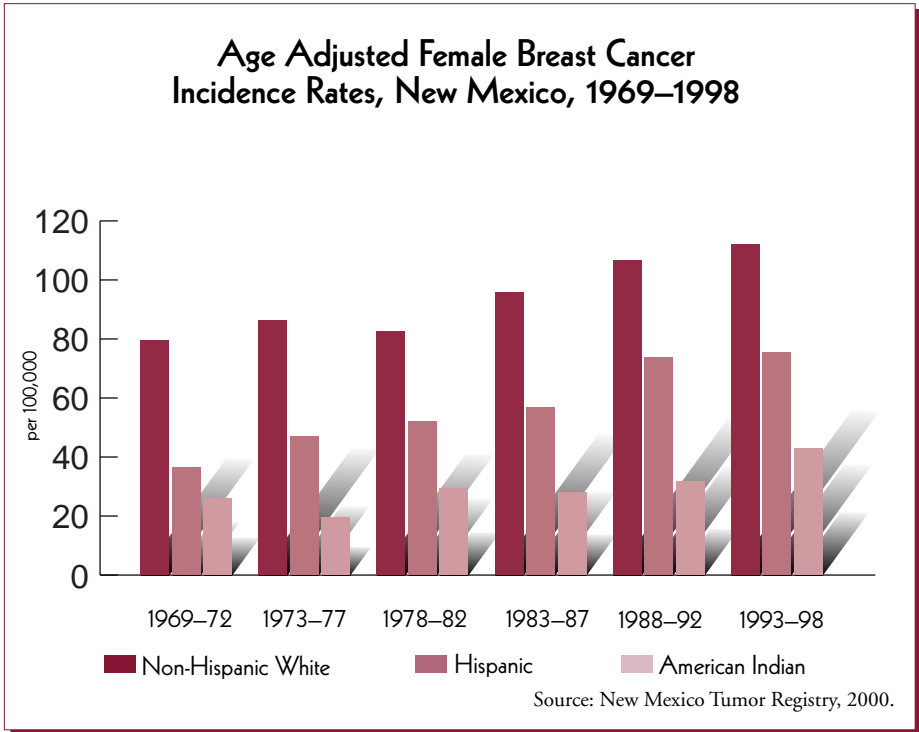
Incidence Rate	Higher than African American, American Indian, and Hispanic women
Mortality Rate	Higher than Hispanic but lower than African American women and American Indian women
5-Year Relative Survival Rate	Higher than all other ethnic groups

Breast cancer incidence and mortality rates for New Mexican non-Hispanic white women are comparable to those for white women nationwide. This ethnic group has the highest breast cancer incidence rate in New Mexico.

Breast Cancer in Hispanic Women

Incidence Rate	Lower than non-Hispanic white or African American women Increasing faster than other women
Mortality Rate	Lower than non-Hispanic white or African American women
5-Year Relative Survival Rate	Lower than non-Hispanic white women

New Mexican Hispanic women have lower breast cancer incidence rates than non-Hispanic white women but higher rates than American Indians. For 1993–98, the age-adjusted rate of breast cancer incidence for Hispanic women was 75 per 100,000 per year, as compared to the non-Hispanic white rate of 112.



Mammographic screening among New Mexico's Hispanic women has increased steadily: the NCI reports that nationwide the mammography rate for Hispanic women has surpassed that of non-Hispanic white women (NCI, 1996). Many barriers to screening remain, however, and not all Hispanic women are equally at risk. Women who do not use English as their primary language are among those at highest risk. This group overlaps with low-income women who are also less likely to have health insurance. Socioeconomic status is the most important barometer of screening usage for Hispanic women. Older, low-income Hispanic women in particular are less likely to be aware of their need for mammograms.

Other barriers such as embarrassment/modesty, and fear of cancer, also contribute to under-utilization of mammography. An awareness of primary language and level of acculturation, are important when planning organized efforts to increase mammography utilization among Hispanic women. A "family" focus approach on the benefits of mammography and inclusion of other social networks, respect for Hispanic traditional values, such as dignidad and respeto, are all known to positively influence the mammography behaviors of women among this population.

Breast Cancer in American Indian Women

Incidence Rate	Lower than all ethnic groups
Mortality Rate	Highest of all ethnic groups
5-Year Relative Survival Rate	Lowest of all ethnic groups

American Indian women in New Mexico and tribal communities have extremely low rates of breast cancer incidence. The rates are about sixty percent lower than the rates for the state's non-Hispanic whites (in 1993–98, 43 cases per 100,000 per year among American Indians).

American Indians are the second fastest growing ethnic group in New Mexico, having the highest rate of natural increase. High parity and a young age at first childbirth are associated with decreased risk of breast cancer. The high birth rate in this group relative to non-Hispanic whites may be one factor explaining American Indian women's lower rate of breast cancer incidence.

American Indian women have the lowest rates of breast cancer incidence but also the poorest 5-year survival rates of all ethnic groups in New Mexico. Some cultural barriers to cancer prevention and cancer treatment include the belief among some groups that speaking of illness will cause the illness, that cancer is a communicable disease, and that a diagnosis of cancer is a

death sentence. In addition, it is often difficult for health care providers to serve this population. Many American Indians live on reservations or in other remote areas. They often lack phones, regular mail service, or reliable transportation. Making and keeping appointments can be a challenge for both patient and provider.

The New Mexico Breast and Cervical Cancer Detection and Control Program has been screening low income, uninsured and underinsured women since October 1991. Approximately half of the women screened through the program thus far have been American Indian women. Prior to the Breast and Cervical Cancer Detection and Control Program, screening mammograms were not available to American Indian women through the Indian Health Service. Since screening mammograms have been made available, the number of reported breast cancer cases in this population has increased at least two-fold.

Men

Breast cancer is primarily a disease affecting women. Male breast cancer accounts for less than 1% of the overall incidence and mortality of this disease. In 1998, there were only 9 cases of breast cancer diagnosed in men in New Mexico. Even though men are at very low risk for developing breast cancer, they should be aware of risk factors, particularly family history of cancer or breast cancer. Men should report any change (such as tenderness or swelling) in their breast tissue to a physician.

Older Women

In every ethnic group, breast cancer incidence and mortality rates increase significantly as women age. Breast cancer incidence increases after age 45, and 78% occurs in women over age 50. Older women are also at risk for under-utilizing breast cancer screening, especially if they are poor and/or Hispanic, American Indian, or African American.

Barriers to breast cancer screening for older women include low perceived susceptibility, lack of awareness of the disease, lack of recommendation by a health care provider, and limited access to mammographic screening.

Low Perceived Susceptibility: Most older women do not know that the risk of breast cancer increases with age. Almost 75% of women who receive a diagnosis of breast cancer have no risk factor other than age. *It may be useful for health care providers, as well as the educational materials they use, to state directly that women past menopause should have mammograms.*

Early Detection: Many older women do not recognize that mammograms are needed in the absence of symptoms. *Messages directed at older women should stress this fact.* Messages should also stress that mammograms are effective in detecting cancer early. This is important because older women are less likely than younger women to believe that mammograms are effective.

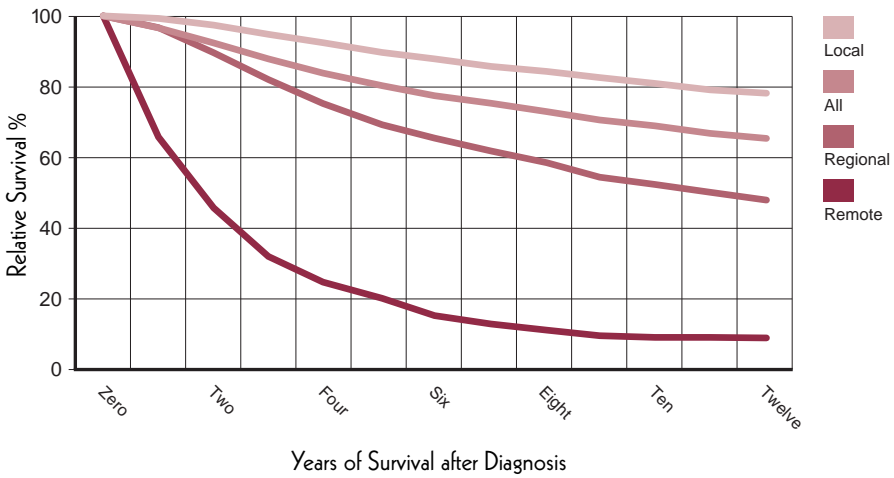
Lack of Awareness: Older women are less likely than younger women to be aware of mammograms. Older women are less likely to identify breast cancer as a primary health concern or to know any risk factors.

Access: Distance to radiology facilities and lack of transportation are important barriers for older women, particularly in rural areas. Much of New Mexico's population is rural.

In New Mexico various data sources place the mammography rate among older residents along a wide continuum. The most conservative estimate of 42.1% is based on a mammography claim paid within the two-year period under Medicare part B for 1997 and 1998. The upper limits are 82.5% and 88.9% for 1997 and 1998 respectively for women over age 65 according to the State's Behavioral Risk Factor Surveillance Survey (BRFSS, 2000).

According to a National Cancer Institute report, women age 65 and older still have misconceptions about the need for mammography. While increasing age is a known risk factor for breast cancer, women do not recognize this risk and become less concerned about breast cancer (NCI, Cancer Information Service 1999). "Women are also confused about how frequently mammograms should be performed and many, especially Hispanic women, are uninformed about Medicare's mammography benefit," states Margy Wienbar, a Quality Improvement Manager for the New Mexico Medical Review Association (NMMRA).

Female Breast Cancer Survival Rates, New Mexico, 1973–98, by Stage at Diagnosis



New Mexico Tumor Registry, 2000.

The New Mexico Breast and Cervical Cancer Detection and Control Program can serve women over age 65 who do not have Medicare Part B for both screening mammography and cervical cancer screening. Patients must meet the financial guidelines of the program, which is 250% of poverty. For information, patients and providers may call toll-free at 1-877-852-2585.

More information about Medicare can be found on the Health Care Financing Administration website <http://www.hcfa.gov> or by calling 1-800-MEDICARE (1-800-633-4227).

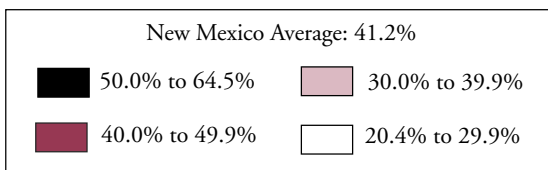
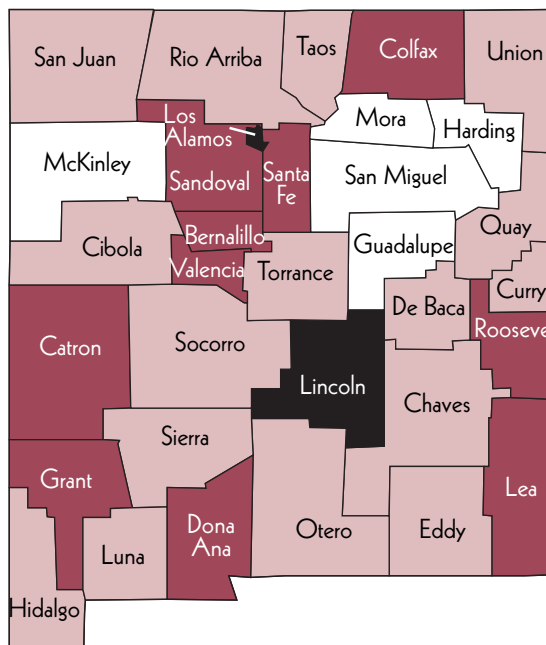
Screening Practices

Early detection of breast cancer through various types of screening exams is essential to increasing survival from the disease, but much needs to be done to improve screening rates. Older women and women with lower incomes have lower screening rates. Health care providers may fail to recommend screening to patients. Women may not regard the tests as necessary. Perhaps most significant is that the lack of screening represents a lost clinical opportunity. **Most women who have not been screened have had recent contact with the health care system, but have failed to receive — or have not been referred for — screening.**

The 1997 Behavioral Risk Factor Surveillance Survey (BRFSS) for New Mexico shows that 65.1% of respondents over age 40 had a mammogram within the past 2 years. Overall, 81.4% of New Mexico women > age 40 have ever had a mammogram (CDC, 1999).

Substantial increase in mammography screening occurred for poor women as well as for women with family incomes at or above the federal poverty level. In *Health, United States: 2000*, the CDC reports that among women living below poverty thresholds in 1998, 53% reported a recent screening compared with 72% of women at or above poverty. CDC's National Breast and Cancer Early Detection Program provides mammography screening services to these underserved women.

New Mexico Mammography Rates by County, Medicare Part B Claims Data, 1997–1998.



Source: Data Courtesy of New Mexico Medical Review Association July 2000

The rates above reflect only one source of payment and do not include the Indian Health Service, the Breast and Cervical Cancer Detection and Control Program, and many managed care organizations.

