

Early Detection Breast Cancer Screening



Barriers to Breast Cancer Screenings

Breast cancer occurs when cells in breast tissue change and divide uncontrolled, typically resulting in a lump or mass. Most breast cancers begin in the milk glands (lobules) or in the tubes (ducts) that connect milk glands to the nipple. Breast cancer typically has no symptoms when it is small and easily treated, which is why mammography screening is important for early detection. 1 in 8 women in the U.S. will be diagnosed with invasive breast cancer, and 1 in 43 will die from the disease.

Screening mammograms are widely available without cost sharing for individuals starting at age 40, increasing access and utilization. However, mammography alone cannot confirm a cancer diagnosis and is only the initial step in early detection of breast cancer.

Follow-up diagnostic screenings, often required for abnormal results or high-risk patients, frequently involve significant out-of-pocket costs. These financial barriers prevent many individuals from accessing the full benefits of early detection, limiting the effectiveness of breast cancer screening.



1 in 8 women will be diagnosed with breast cancer in their lifetime.

Breast Cancer in North Dakota

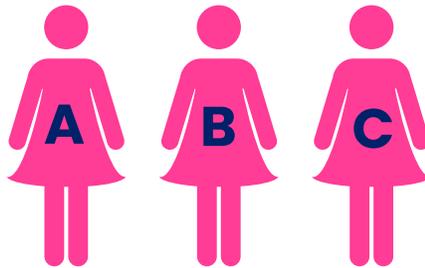
Breast cancer continues to be the most commonly diagnosed cancer among women in North Dakota and is the second leading cause of cancer-related deaths among women in the U.S. In North Dakota, approximately **490 women** will be diagnosed with breast cancer and an estimated **85 women** will lose their lives to the disease by the end of 2025.

Early detection through screening significantly improves survival rates by identifying cancer at an earlier, more treatable stage, underscoring the importance of accessible breast cancer screenings.

Breast Cancer Care: A Patient Comparison

Variations Breast Cancer Screening

Patients A, B, and C all work at the same organization, share the same health insurance plan, and prioritize their breast health by utilizing preventive care benefits. Despite their shared circumstances, they face significant differences in out-of-pocket costs for follow-up breast cancer screenings.



Patient A undergoes an annual preventive screening mammogram, which yields a normal result. Patient A incurs no out-of-pocket expenses, as this service is fully covered under the insurance plan's preventive care benefits. Their physician advises routine screening again next year.

Patient B also completes an annual screening mammogram. However, an abnormal finding necessitates a follow-up diagnostic screening, such as diagnostic mammography, breast ultrasound, or breast MRI. Patient B is required to pay out-of-pocket for this medically necessary screening and is forced to delay the procedure due to the high cost, increasing the risk that a potential breast cancer diagnosis could be made at a later, more advanced stage, when treatment is less effective and significantly more expensive.

Patient C is identified as high-risk for breast cancer based on National Comprehensive Cancer Network (NCCN) Guidelines. Their annual screening requires advanced imaging, such as a breast MRI or ultrasound, instead of a standard mammogram. However, these advanced screenings are not fully covered as part of the plan's preventive care benefits, leaving Patient C responsible for significant out-of-pocket costs. The results of their screening are normal, but they may delay screening next year because of the cost they incurred.