# ¿Cáncer de mama: donde estamos?

## ¿Ha aumentado la incidencia?

*Lola Salas Trejo*

*Jefa Oficina Plan de Cáncer*

*Conselleria Sanitat*

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# Mortalidad e incidencia del cáncer de mama en el mundo

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- El cáncer de mama y el de cuello de útero son los mas frecuentes en las mujeres en el mundo
- Tanto la incidencia como la mortalidad siguen un patrón de distribución diferencial según el nivel de desarrollo de los países

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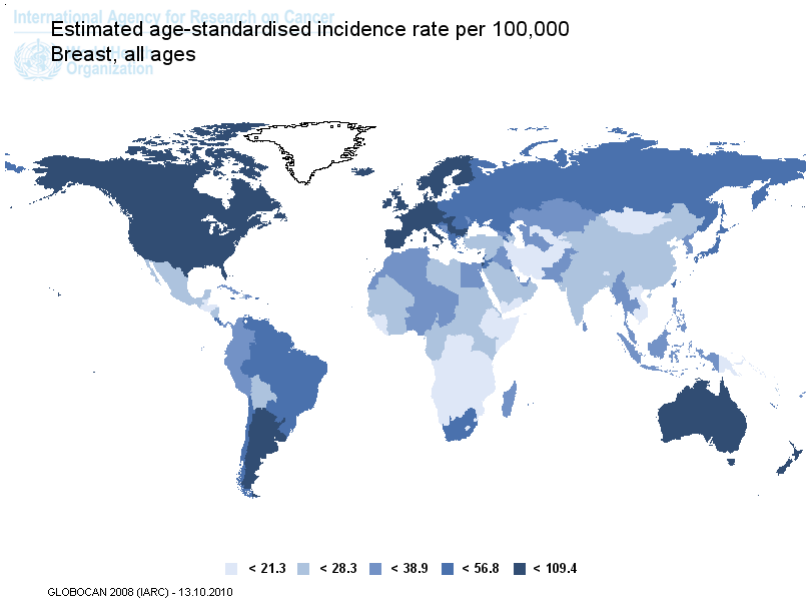


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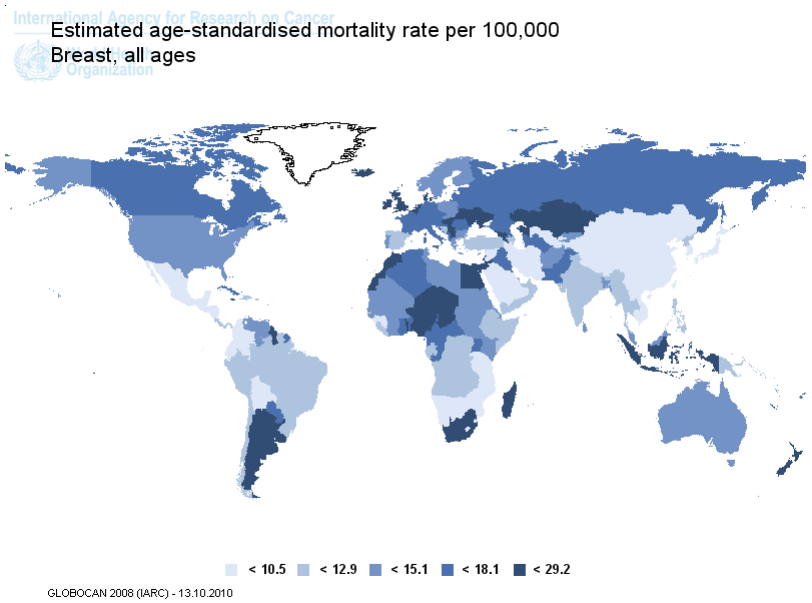


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- En Europa también hay un patrón de distribución diferente entre los países del norte y del sur.
- En los últimos años las diferencias principales se observan entre los países del este y del oeste de Europa

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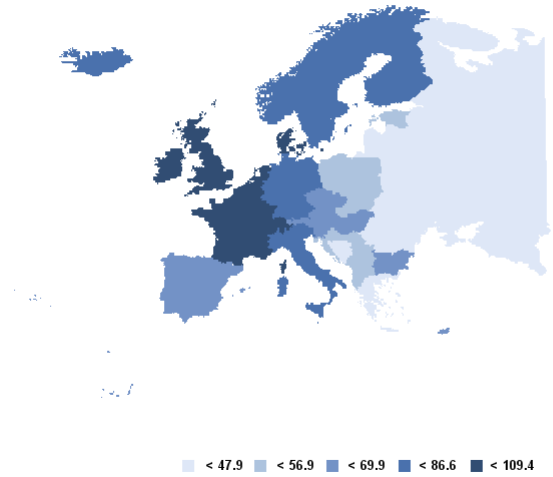
Estimated age-standardised incidence rate per 100,000
Breast, all ages



< 47.9 < 56.9 < 69.9 < 86.6 < 109.4

GLOBOCAN 2008 (IARC) - 13.10.2010

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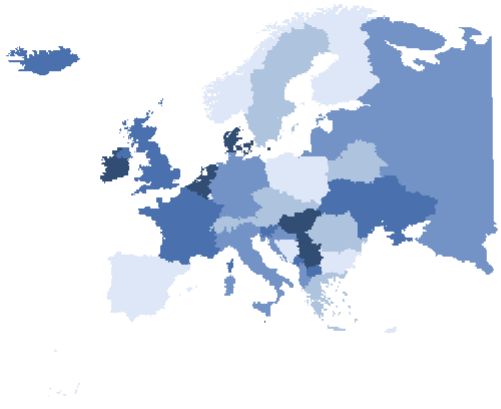
Estimated age-standardised mortality rate per 100,000
Breast, all ages



< 14.7 < 15.8 < 17.3 < 19.2 < 21.9

GLOBOCAN 2008 (IARC) - 13.10.2010

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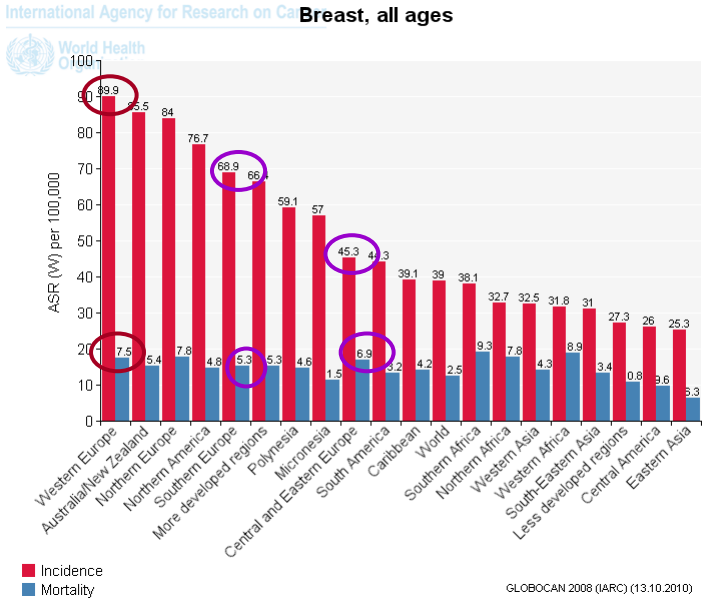
Regiones del mundo

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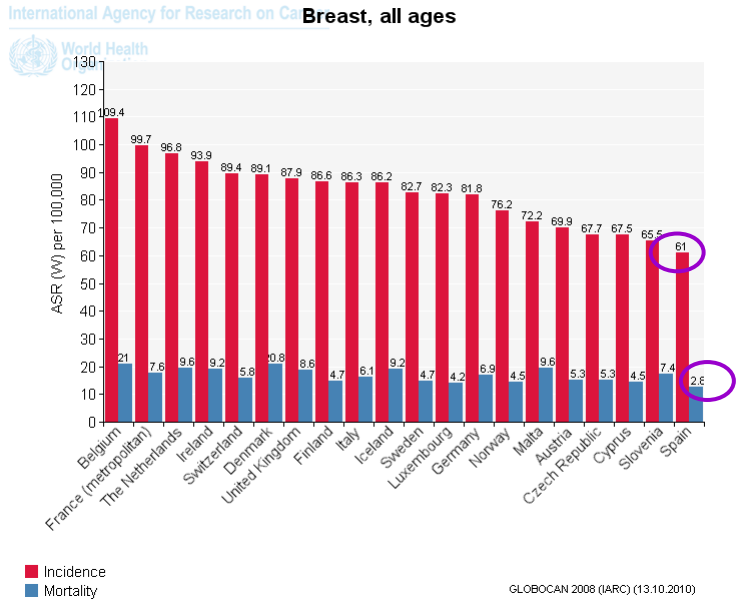
20 países con tasa mas altas de Europa

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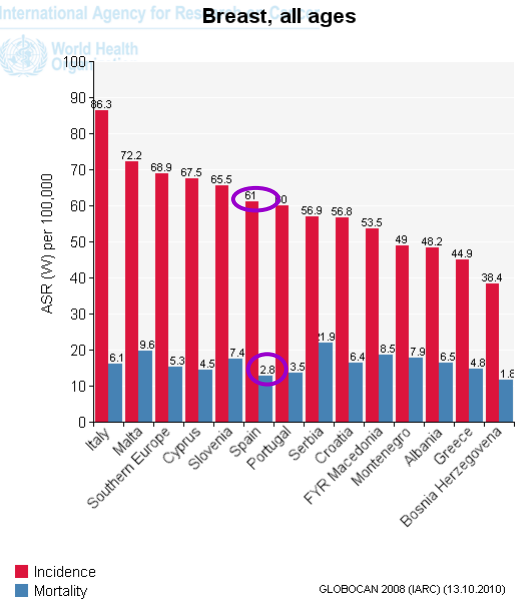
## Sur de Europa




GLOBOCAN 2008 (IARC) (13.10.2010)

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# Tendencias de mortalidad e incidencia de cáncer de mama en España

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- Desde los años 50 se observa una tendencia al incremento de la mortalidad y de la incidencia
- A partir de los años 90 la mortalidad tiende a disminuir.
- La incidencia aumenta fundamentalmente en los grupos de edad donde se realiza cribado.

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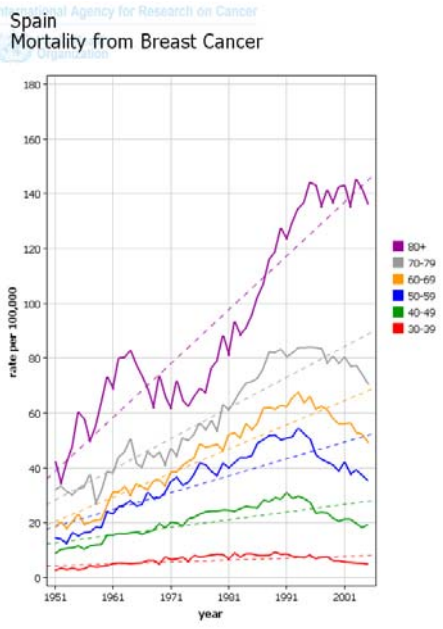
***Mortalidad 1951-2005***

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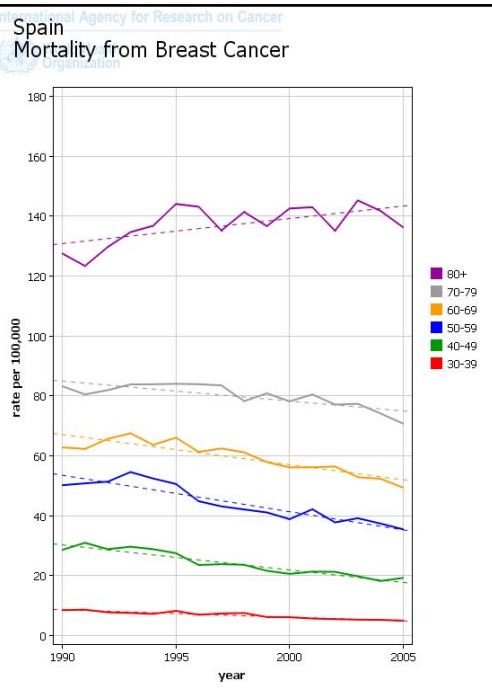
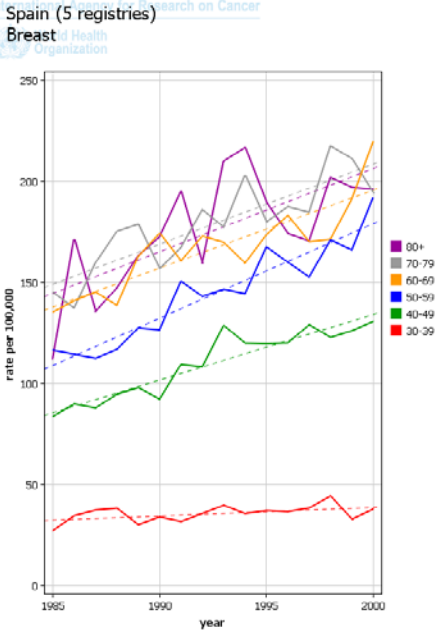
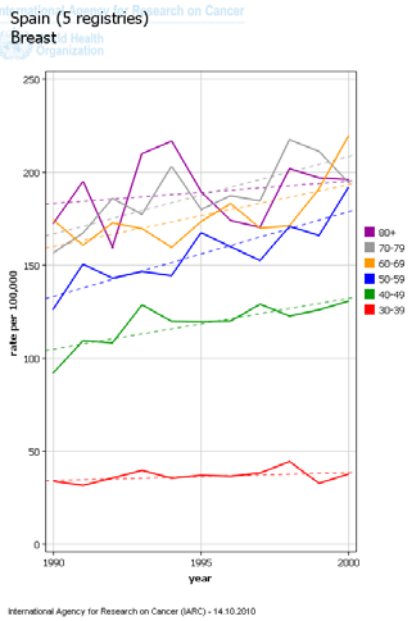
*Mortalidad*
*1990-2005*




*Incidencia*
*1985-2000*



*Incidencia 1990-2000*

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# Contribución del cribado a la disminución de la mortalidad por cáncer de mama

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- La tendencia a la disminución de la mortalidad en los diferentes países se asocia al inicio de los programas de cribado.
- Existen controversias sobre cuanto contribuye el cribado y cuanto la mejora en los tratamientos a la disminución de la mortalidad

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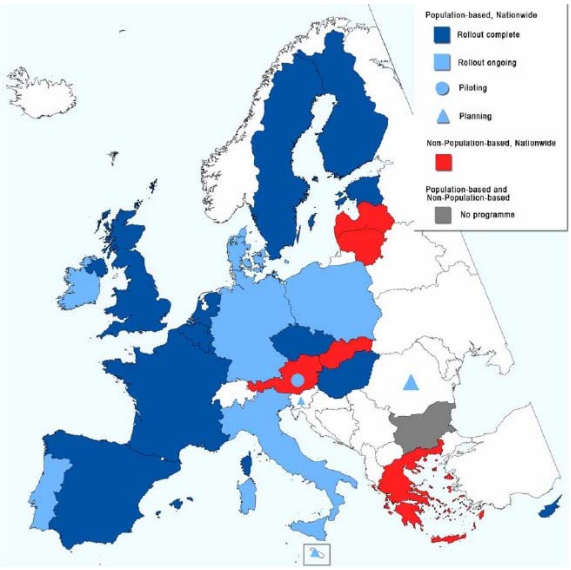
# Programas de cribado en Europa




Source: European Commission (DG SANCO, 2007); IARC (ECN and EUNICE projects, 2007)

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Mortalidad

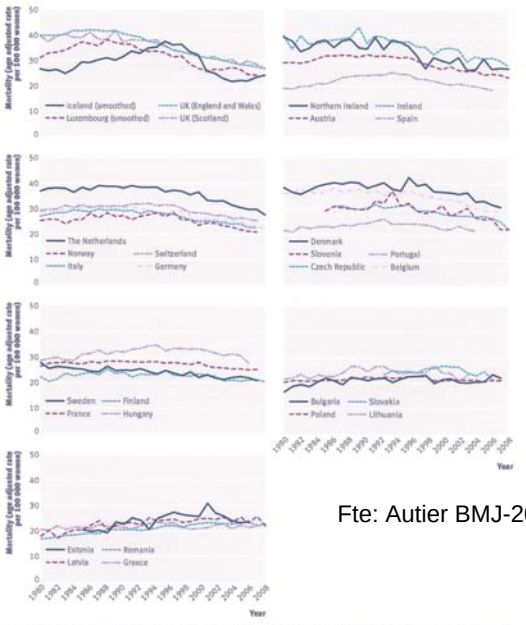
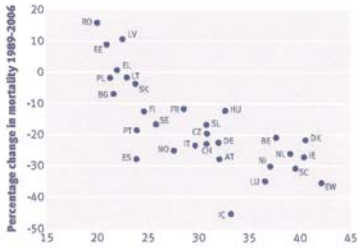



Fig 1 | Temporal trends in breast cancer mortality in European countries. Countries have been grouped in graphs according to percentage change in mortality from 1989 to 2006. (Five-year smoothing was applied on Iceland and Luxembourg rates to avoid unstable trends because of small population size)

Fte: Autier BMJ-2010

GENERALITAT CONSELLERIA

Mortalidad




Key:
AT=Austria; BE=Belgium; BG=Bulgaria; CH=Switzerland; CZ=Czech Republic; DE=Germany; DK=Denmark; EL=Greece; EE=Estonia; ES=Spain; EW=England and Wales; FI=Finland; FR=France; HU=Hungary; IC=Iceland; IE=Republic of Ireland; IT=Italy; LT=Lithuania; LU=Luxemburg; LV=Latvia; NI=Northern Ireland; NL=Netherlands; NO=Norway; PL=Poland; PT=Portugal; RO=Romania; SC=Scotland; SE=Sweden; SI=Slovenia; SK=Slovakia

Fig 2 | Percentage changes in breast cancer mortality in European countries during 1989-2006 according to the mean breast cancer mortality in 1987-9

Fte: Autier BMJ-2010

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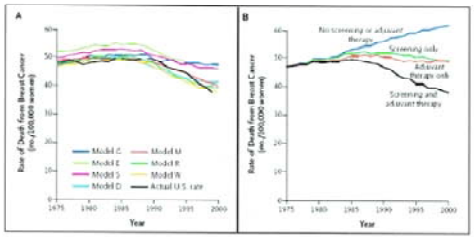
## Figure 2




**Effect of Screening and Adjuvant Therapy on Mortality from Breast Cancer.**
Berry, Donald; Cronin, Kathleen; Plevritis, Sylvia; Fryback, Dennis; Clarke, Lauren; Zelen, Marvin; Mandelblatt, Jeanne; Yakovlev, Andrei; Habbema, J; Feuer, Eric

New England Journal of Medicine. 353(17):1784-1792, October 27, 2005.

Figure 2 . Estimated and Actual Rates of Death from Breast Cancer among Women 30 to 79 Years of Age from 1975 to 2000 (Panel A) and under Hypothetical Assumptions about the Use of Screening Mammography and Adjuvant Treatment (Panel B). Panel A, which compares the model-based results with the actual rates in the United States from 1975 to 2000, shows the variability across the model estimates. Some of the models were calibrated according to the observed rate of death from breast cancer in the United States, and some were not. Panel B shows the results from model W (the University of Wisconsin-Madison) of estimated mortality trends for the four scenarios considered: no screening and no adjuvant treatment; base-case screening, but no adjuvant treatment; no screening, but base-case adjuvant treatment; base-case screening and adjuvant treatment. Rates in both panels are age-adjusted to the 2000 U.S. standard.

*Fte: Berry-NEJM-2005*

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## Table 3

Table 3. **Estimated Reductions in the Rate of Death from Breast Cancer in 2000 Attributed to Adjuvant Treatments and Screening.***

| Model | Tamoxifen | Chemotherapy | Both Therapies | Screening | Overall |
|---|---|---|---|---|---|
| | | | *percent (percent of reduction)* | | |
| D (Dana–Farber Cancer Institute) | 6.1 | 6.1 | 12.0 (35) | 22.7 (65) | 32.9 |
| E (Erasmus University Medical Center) | 12.0 | 9.6 | 20.9 (58) | 15.3 (42) | 30.9 |
| G (Georgetown University) | 7.7 | 7.0 | 14.6 (54) | 12.4 (46) | 24.9 |
| M (M.D. Anderson Cancer Center) | 10.7 | 9.5 | 19.5 (65) | 10.6 (35) | 27.5 |
| R (University of Rochester) | NA | NA | 19.0 (72) | 7.5 (28) | 25.6 |
| S (Stanford University) | 8.9 | 6.9 | 14.9 (47) | 16.9 (53) | 29.9 |
| W (University of Wisconsin–Madison) | 12.5 | 8.9 | 20.8 (51) | 20.3 (49) | 38.3 |

* Values are point estimates from each model; percentages in parentheses are the percentages of the overall reduction that are attributable to treatment or screening. NA denotes not applicable.

**Effect of Screening and Adjuvant Therapy on Mortality from Breast Cancer.**
Berry, Donald; Cronin, Kathleen; Plevritis, Sylvia; Fryback, Dennis; Clarke, Lauren; Zelen, Marvin; Mandelblatt, Jeanne; Yakovlev, Andrei; Habbema, J; Feuer, Eric

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# Cambios en la incidencia de cáncer de mama en España

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- La mortalidad por cáncer de mama en España ha diminuido en las últimas dos décadas, y la supervivecia ha mejorado.
- La incidencia ha aumentado, los programas de cribado parecen tener alguna influencia en la evolución de la incidencia

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Mortalidad

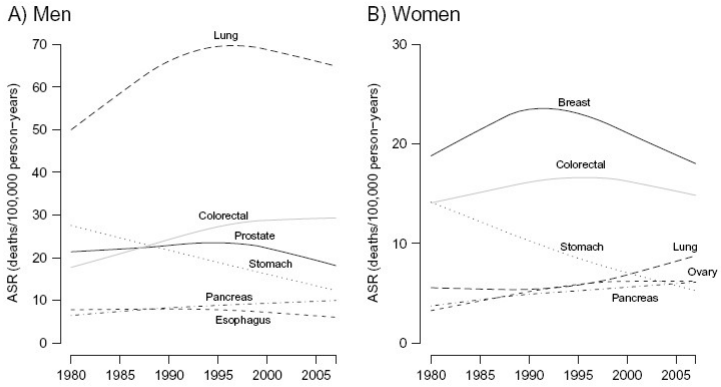


Figure 1. Mortality trends among men and women for selected types of cancer: Spain, 1980–2007.

*Fte: Navarro. Annals of oncology-volumen 21 supplement 3,2010*

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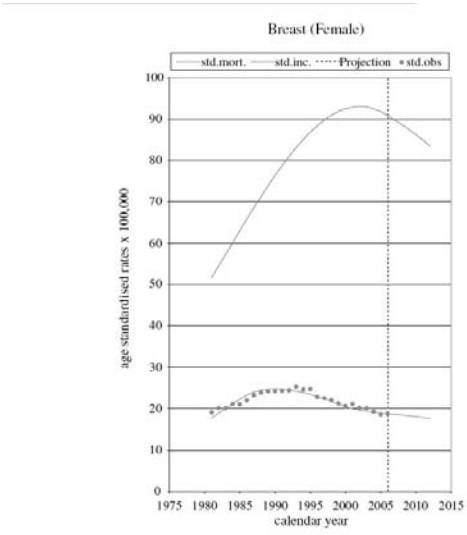


Figure 1. Mortality and incidence estimates (blue and red continuous lines) 1981–2012 for all cancers and for the major cancer sites in Spain, compared to the observed mortality data (dots). Men and women age-standardised rates (European population) per 100 000 person-years, age 0–94 years.

*Fte: Sanchez. Annals of oncology-volumen 21 supplement 3,2010*

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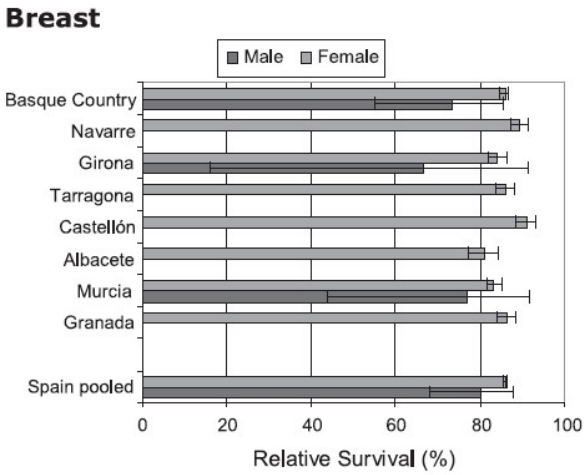


* Rates adjusted using Brenner's method.
Horizontal lines indicate 95% confidence interval. In some regions adjusted RS could not be calculated due to the low number of cases across all age groups and/or negligible mortality.

**Figure 2.** Age-adjusted 5-year relative survival rates* by tumour type, sex and geographical area, individually and pooled.

*Fte: Chirlaque. Annals of oncology-volumen 21 supplement 3,2010*

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## Incidencia de cáncer de mama en mujeres de 25 o más años

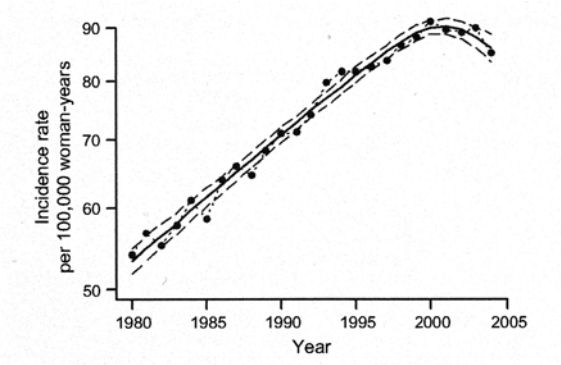


**Figure 1.** Age- and registry-adjusted incidence rates of invasive breast cancer over the period 1980–2004 among women aged 25 years or older included in all Spanish registries. The observed rates (**dotted line**) were obtained by using nominal categories for each single calendar year of diagnosis, and the estimated temporal trend (**solid line**) and its 95% confidence interval (**dashed lines**) were obtained from fitting a change-point model (see "Methods").

*Fte:Marina Pollán JNCI-2009*

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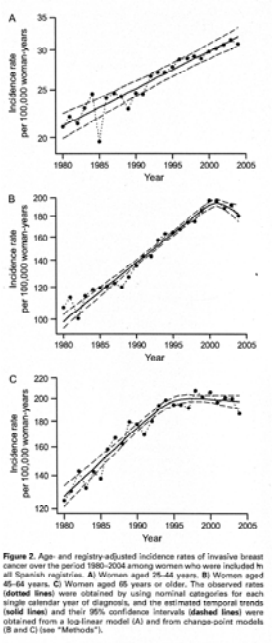


Figure 2. Age- and registry-adjusted incidence rates of invasive breast cancer over the period 1980–2004 among women who were included in all Spanish registries. A) Women aged 25–44 years. B) Women aged 45–64 years. C) Women aged 65 years or older. The observed rates (**dotted lines**) were obtained by using nominal categories for each single calendar year of diagnosis, and the estimated temporal trends (**solid lines**) and their 95% confidence intervals (**dashed lines**) were obtained from a log-linear model (A) and from change-point models (B and C) (see "Methods").

Incidencia de cáncer de mama en mujeres de **25 – 44** años

Incidencia de cáncer de mama en mujeres de **44-64** años

Incidencia de cáncer de mama en mujeres de **64 o más** años

*Fte:Marina Pollán JNCI-2009*

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# Cambios en la incidencia del cáncer de mama en relación con el cribado en España

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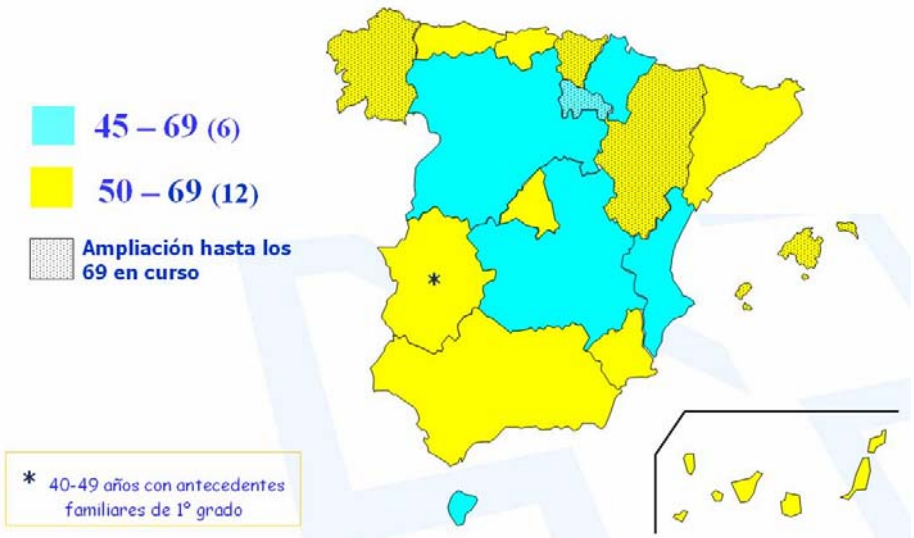
# Programas de cribado en España




Fte: www.cribadocancer.com

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- La incidencia del cáncer de mama varía según los periodos de implantación de los programas.
- Al principio de la implantación del cribado se incrementa la incidencia.
- Después disminuye la incidencia para estabilizarse o incrementarse.

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**Table 1.** Age-adjusted breast cancer incidence per 100 000 woman-years using the European standard population and age-adjusted rate ratios

| Registry and years | 1980–84 | | | | 1985–89 | | | | 1990–94 | | | | 1995–99 | | | | 2000–04 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Cases | Rate | RR[a] | 95% CI[a] | Cases | Rate | RR[a] | 95% CI[a] | Cases | Rate | RR[a] | 95% CI[a] | Cases | Rate | RR[a] | 95% CI[a] | Cases | Rate | RR[a] | 95% CI[a] |
| Navarra 1980–2004 | 734 | 56.6 | 1.03 | 0.97–1.11 | 900 | 65.6 | 1.10 | 1.03–1.18 | 1307 | 90.6 | 1.30 | 1.23–1.37 | 1324 | 86.1 | 1.10 | 1.04–1.16 | 1536 | 91.3 | 1.10 | 1.04–1.16 |
| Asturias 1982–2004 | 980 | 51.8 | 0.95 | 0.89–1.00 | 1873 | 56.2 | 0.94 | 0.90–0.99 | 2187 | 63.8 | 0.91 | 0.88–0.95 | 2518 | 71.6 | 0.92 | 0.88–0.95 | 2861 | 77.9 | 0.94 | 0.90–0.97 |
| Zaragoza 1980–2003 | 1158 | 51.2 | 0.94 | 0.89–0.98 | 1333 | 55.5 | 0.93 | 0.89–0.98 | 1616 | 63.6 | 0.91 | 0.87–0.96 | 1937 | 73.4 | 0.94 | 0.90–0.98 | 1938 | 86.7 | 1.04 | 1.00–1.09 |
| Tarragona 1980–2004 | 865 | 64.5 | 1.18 | 1.11–1.25 | 985 | 69.1 | 1.16 | 1.09–1.24 | 1270 | 79.9 | 1.14 | 1.08–1.21 | 1405 | 83.3 | 1.06 | 1.01–1.12 | 1735 | 93.0 | 1.12 | 1.07–1.17 |
| Girona 1980–2004 | 622 | 55.9 | 1.02 | 0.95–1.10 | 839 | 67.7 | 1.14 | 1.06–1.22 | 745 | 84.0 | 1.20 | 1.12–1.30 | 1364 | 86.7 | 1.11 | 1.05–1.17 | 1646 | 95.5 | 1.15 | 1.09–1.21 |
| Murcia 1983–2003 | 470 | 51.7 | 0.94 | 0.86–1.03 | 1354 | 56.4 | 0.95 | 0.90–1.00 | 1618 | 62.7 | 0.90 | 0.86–0.94 | 2139 | 76.5 | 0.98 | 0.94–1.02 | 2057 | 83.5 | 1.00 | 0.96–1.05 |
| Granada 1985–2004 | | | | | 906 | 47.7 | 0.80 | 0.75–0.85 | 1107 | 55.4 | 0.79 | 0.75–0.84 | 1343 | 63.3 | 0.81 | 0.77–0.85 | 1704 | 75.8 | 0.91 | 0.87–0.96 |
| Basque Country | | | | | | | | | | | | | | | | | | | | |
| 1986–2004 | | | | | | | | | | | | | | | | | | | | |
| Bizkaia | | | | | 1549 | 63.1 | 1.06 | 1.01–1.11 | 2248 | 69.1 | 0.99 | 0.95–1.03 | 2946 | 86.5 | 1.11 | 1.07–1.14 | 3125 | 86.6 | 1.04 | 1.01–1.08 |
| Guipúzcoa | | | | | 910 | 62.6 | 1.05 | 0.99–1.12 | 1398 | 72.6 | 1.04 | 0.99–1.09 | 1787 | 89.7 | 1.15 | 1.09–1.20 | 1782 | 81.6 | 0.98 | 0.94–1.03 |
| Araba | | | | | 312 | 60.8 | 1.02 | 0.91–1.14 | 520 | 74.4 | 1.07 | 0.98–1.16 | 696 | 89.3 | 1.14 | 1.06–1.23 | 719 | 82.2 | 0.99 | 0.92–1.06 |
| Mallorca 1988–2000 | | | | | 429 | 67.8 | 1.14 | 1.03–1.25 | 1196 | 71.4 | 1.02 | 0.97–1.08 | 1412 | 78.0 | 1.00 | 0.95–1.05 | 341 | 88.9 | 1.07 | 0.96–1.19 |
| Canarias 1993–2004 | | | | | | | | | 995 | 81.5 | 1.17 | 1.10–1.24 | 2732 | 79.8 | 1.02 | 0.98–1.06 | 3342 | 83.9 | 1.01 | 0.98–1.04 |
| Albacete 1991–2002 | | | | | | | | | 502 | 69.9 | 1.00 | 0.91–1.10 | 667 | 72.6 | 0.93 | 0.86–1.00 | 422 | 71.3 | 0.86 | 0.78–0.95 |
| Cuenca 1993–2004 | | | | | | | | | 155 | 63.1 | 0.90 | 0.76–1.07 | 386 | 65.4 | 0.84 | 0.75–0.93 | 414 | 67.3 | 0.81 | 0.73–0.90 |
| La Rioja 1993–2002 | | | | | | | | | 283 | 91.7 | 1.31 | 1.16–1.49 | 576 | 73.4 | 0.94 | 0.86–1.02 | 376 | 76.2 | 0.92 | 0.82–1.02 |
| Castello 1995–2004 | | | | | | | | | | | | | 1007 | 76.8 | 0.98 | 0.92–1.05 | 1096 | 74.0 | 0.89 | 0.84–0.95 |
| Overall 1980–2004 | 4829 | 54.8 | 1.00 | | 11390 | 59.5 | 1.00 | | 17147 | 69.8 | 1.00 | | 24239 | 78.2 | 1.00 | | 25094 | 83.1 | 1.00 | |

[a]Rate ratios (RR) and their 95% confidence intervals (95% CI) in the corresponding 5-year period, taking as reference the incidence obtained combining all available registries.

*Fte: Pollán. Annals of oncology-volumen 21 supplement 3,2010*

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**Table 3.** Breast cancer incidence trend in women aged ≥45 years, during and after the implementation of the corresponding breast cancer screening programme

| Registry | First screening round | Participation (%) | Before screening[a] | | | Screening implementation | | | | After screening: first period[b] | | | | After screening: second period[b] | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Period | APC[c] (95% CI) | P | Period | APC[c] (95% CI) | P | | Period | APC[c] (95% CI) | P | | Period | APC[c] (95% CI) | P | |
| Navarra | 1990–1992 | 87% | 1980–1989 | 3.9 (2.0, 5.9) | <0.001 | 1989–1992 | 7.5 | 1.4, 14.0) | 0.015 | 1992–1995 | −6.0 | −11.5, −0.1) | 0.047 | 1995–2000 | 1.6 | 0.2, 3.1) | 0.024 |
| Basque Country | | | | | | | | | | | | | | | | | |
| Araba | 1995–1997 | 85% | 1986–1994 | 4.8 (1.8, 7.9) | 0.002 | 1994–1997 | 13.1 | 4.2, 22.7) | 0.003 | 1997–2000 | −7.6 | −14.8, 0.2) | 0.055 | 2000–2004 | 1.4 | −4.3, 7.4) | 0.641 |
| Gipuzkoa | 1997–1998 | 80% | 1987–1996 | 2.7 (1.2, 4.1) | <0.001 | 1996–1998 | 13.4 | 4.9, 22.6) | <0.001 | 1998–2001 | −9.9 | (−14.2, −5.2) | <0.001 | 2001–2004 | 3.8 | −1.3, 9.3) | 0.149 |
| Bizkaia | 1997–1999 | 77% | 1986–1996 | 3.2 (2.0, 4.3) | <0.001 | 1996–1999 | 4.9 | 0.9, 9.0) | 0.015 | 1999–2002 | −2.36 | −6.0, 1.5) | 0.222 | 2002–2004 | 0.77 | −5.1, 7.0) | 0.802 |
| Asturias | 1991–2000 | 74% | 1982–1990 | 3.1 (1.6, 4.6) | <0.001 | 1990–2000 | 2.5 | 1.5, 3.4) | <0.001 | 2000–2004 | −1.1 | −3.8, 1.8) | 0.460 | | | | |
| Murcia | 1995–1999 | 71% | 1985–1994 | 3.4 (2.0, 4.9) | <0.001 | 1994–1999 | 2.5 | −0.1, 5.1) | 0.059 | 1999–2003 | 0.3 | −2.7, 3.4) | 0.847 | | | | |
| Tarragona | 1998–2001 | 58% | 1988–1997 | 2.5 (1.0, 4.0) | 0.001 | 1997–2001 | 5.9 | 1.9, 10.0) | 0.003 | 2001–2004 | −2.2 | −7.1, 2.9) | 0.384 | | | | |
| Girona | 1999–2002 | 84% | 1992–1998 | 0.5 (−2.0, 3.0) | 0.716 | 1998–2002 | 6.3 | 2.3, 10.4) | 0.002 | 2002–2004 | −1.5 | −9.1, 6.7) | 0.707 | | | | |
| Granada | 1998–2003 | 72% | 1988–1997 | 2.6 (0.9, 4.2) | 0.002 | 1997–2003 | 3.4 | 1.1, 5.8) | 0.004 | | | | | | | | |
| Mallorca | 1999–2002 | 79% | 1989–1998 | 1.5 (0.1, 3.1) | 0.043 | 1998–2000 | 7.9 | −0.9, 17.4) | 0.080 | | | | | | | | |
| Canarias | 1999–2005 | 53% | 1993–1998 | −0.63 (−2.8, 1.6) | 0.580 | 1998–2004 | −2.3 | −3.9, −0.8) | 0.004 | | | | | | | | |
| Zaragoza | 1999–2006 | 56% | 1989–1998 | 2.9 (1.6, 4.2) | <0.001 | 1998–2003 | 3.6 | 1.2, 6.1) | 0.003 | | | | | | | | |

All registries included provided information before starting the screening programme
[a]Trend before screening considered, when possible, 10 years before starting the screening programme.
[b]Time after screening was divided into periods, considering the first 3 years after finishing the first round and the rest.
[c]APC (95% CI), annual percentage change (95% confidence interval).

*Fte: Pollán. Annals of oncology-volumen 21 supplement 3,2010*

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**Figura 2.13.1 Mama Femenina. Evolución de las tasas ajustadas de mortalidad - ASR(E) - CV 1995-2007**


ASR(E): tasas ajustadas por edad método directo (población estándar europea) por 100.000 habitantes con su I. de C. al 95%
Fuente: Registro de Mortalidad de la CV y Centro Nacional de Epidemiología
Elaboración: Servicio de Estudios Epidemiológicos y Estadísticas Sanitarias. DGSP

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**Figura 2.13.1 Mama femeniana. Indicadores de incidencia estimada por sexo. CV 2005**

| Sexo | Nº de Casos | Tasa Bruta | Ts Acumulada 0-74 años ( % ) | Ts Ajustada (Pobl. Europea) | I. de C. ( 95 % ) | Ts Ajustada (Pobl. Mundial) | I. de C. ( 95 % ) |
|---|---|---|---|---|---|---|---|
| Mujeres | 2.396 | 101,5 | 7,2 | 87,1 | ( 83,5 ; 90,7 ) | 65,1 | ( 62,3 ; 67,9 ) |

Tasas bruta y ajustadas por 100.000 habitantes
Tasa Acumulada: Suma de tasas de incidencia específica por edad hasta los 74 años, como aproximación al riesgo acumulado de desarrollar un cáncer
Fuente: SIO Altas 2005
Elaboración : Servicio de Estudios Epidemiológicos y Estadísticas Sanitarias. DGSP.

**Figura 2.13.2 Mama femeniana. Tasas ajustadas de incidencia estimada -ASR(E)- por provincias y CV 2005**


| | CV | AL | CS | VL |
|---|---|---|---|---|
| L.Inf. | 83,5 | 68,6 | 70,5 | 92,4 |
| ASR(E) | 87,1 | 74,1 | 80,9 | 97,7 |
| L.Sup. | 90,7 | 79,6 | 91,4 | 103,0 |

ASR(E): Tasas ajustadas por edad método directo (población estándar europea) por 100.000 habitantes, con su Intervalo de Confianza al 95%
Fuente: SIO Altas 2005
Elaboración : Servicio de Estudios Epidemiológicos y Estadísticas Sanitarias. DGSP.

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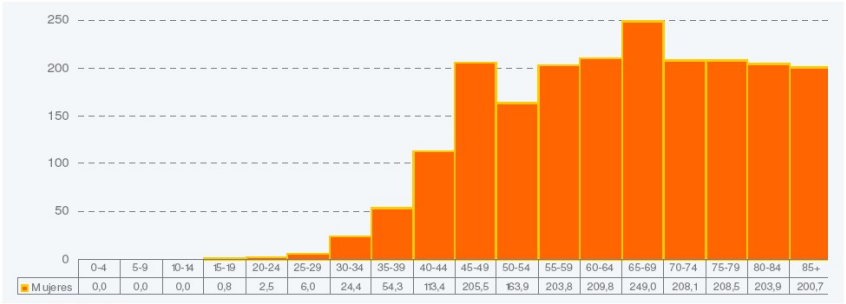
**Figura 2.13.3 Mama femeniana. Tasas de incidencia estimada, específicas por edad y sexo. CV 2005**




| | 0-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | 85+ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mujeres | 0,0 | 0,0 | 0,0 | 0,8 | 2,5 | 6,0 | 24,4 | 54,3 | 113,4 | 205,5 | 163,9 | 203,8 | 209,8 | 249,0 | 208,1 | 208,5 | 203,9 | 200,7 |

Fuente: SIO Altas 2005
Elaboración : Servicio de Estudios Epidemiológicos y Estadísticas Sanitarias. DGSP.

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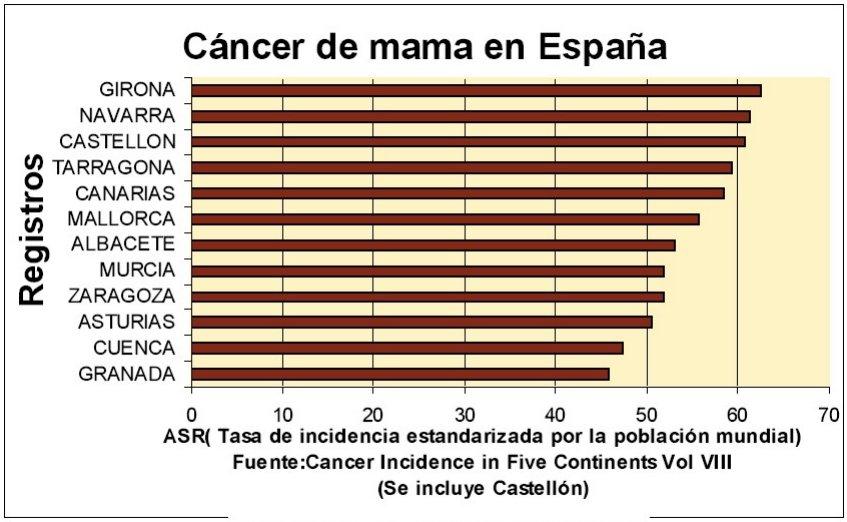


Comparación con otros registros españoles

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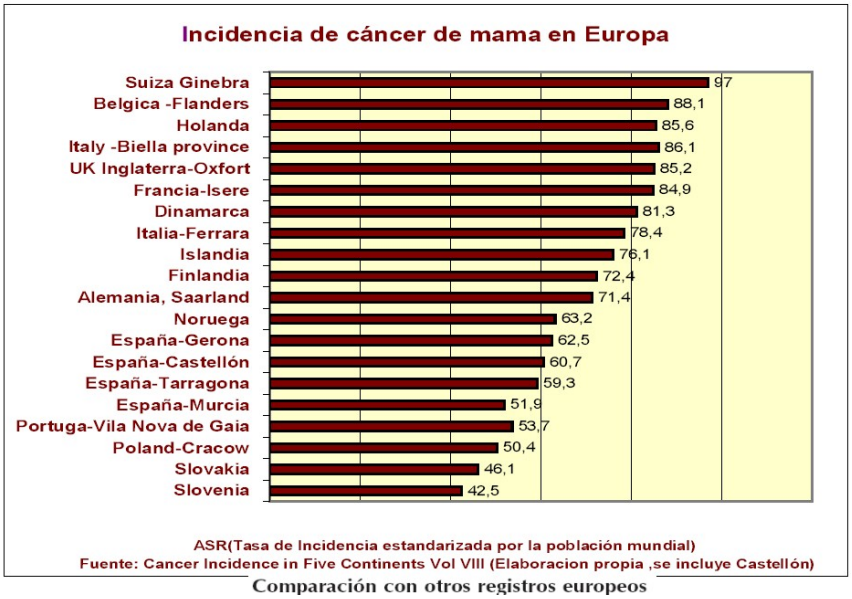
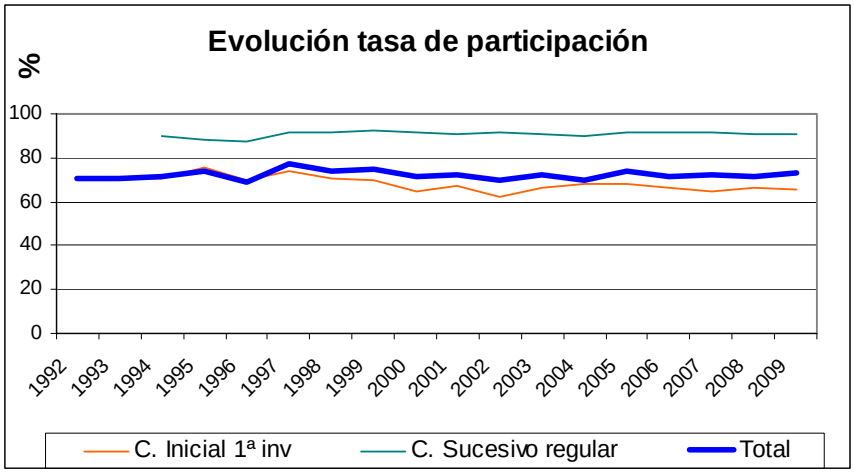



Comparación con otros registros europeos

GENERALITAT VALENCIANA
CONSELLERIA DE SANITAT

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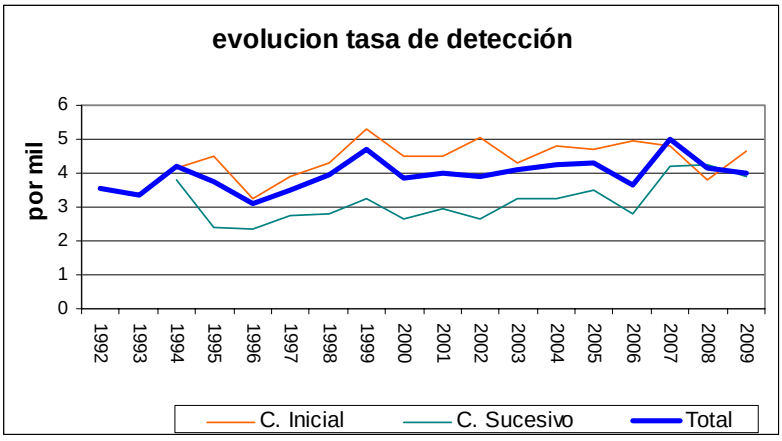


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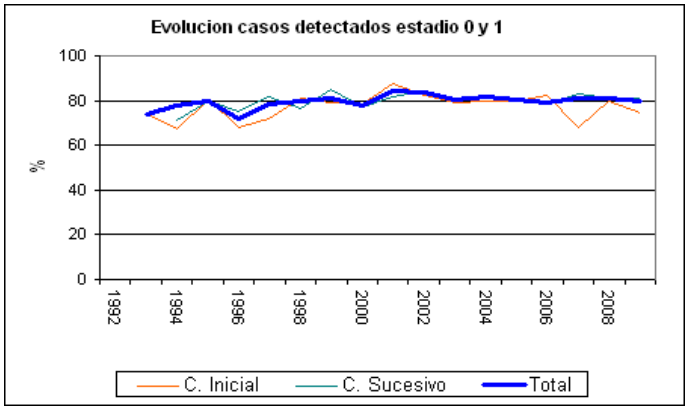


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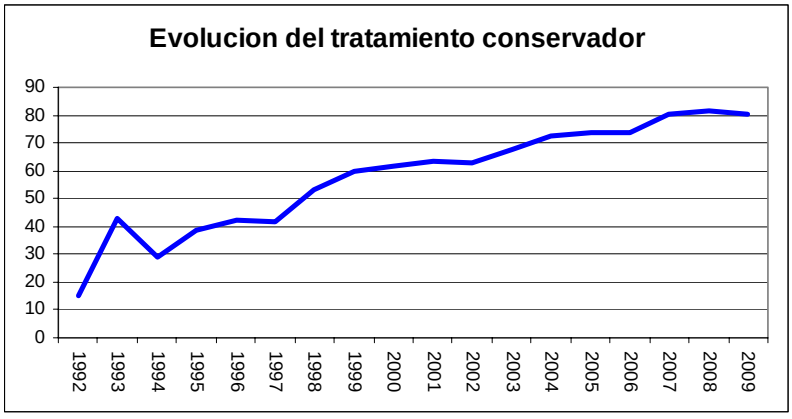


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# Conclusiones

- La mortalidad por cáncer de mama ha disminuido en los países con programas de cribado y buen acceso a los tratamientos.
- Existen controversias respecto la contribución del cribado y de los tratamientos a esta disminución de la mortalidad
- La incidencia aumenta con la implantación del cribado para después disminuir y luego estabilizarse o aumentar

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- Es importante evaluar sistemáticamente el impacto de los programas de cribado:
  - Posibles beneficios: disminución de la mortalidad y mejoras en la calidad de vida.
  - Posibles efectos adversos: Falsos positivos,

  Falsos negativos, sobrediagnósticos y sobretratamientos.

  Hay que fomentar la decisión informada de las mujeres para la participación en los programas de cribado

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