



Society of Breast Imaging Position Statement on Diversity and Inclusion

The core purpose of the SBI is to save lives and minimize the impact of breast cancer. The best way to do this is to encourage women who are at average risk for breast cancer to get annual screening mammograms starting at age 40 years and to continue for as long as they are in good health. Our core values include patient-centered and evidence-based care, excellence in education, scientific integrity, collaboration and collegiality, and respect for diversity and inclusiveness. This position statement will explicitly describe how the SBI values diversity and inclusiveness.

Breast cancer is a disease that affects all ethnic and socioeconomic groups, yet it does not affect these populations equally.

- Although the breast cancer death rate in the United States has decreased by 43% for white women since 1980, it has dropped by only 23% for African American women.¹
- The incidence of breast cancer among African American women has been rising steadily in the United States and in 2012 reached the same level as in white women.²
- African American women are 42% more likely to die from breast cancer than are non-Hispanic white women.³
- The risk of being diagnosed with aggressive “triple-negative” breast cancer is twice as high for African American women as for non-Hispanic white women.³
- African American women are less likely than non-Hispanic white women to be diagnosed with stage I breast cancer but are twice as likely to die of these early breast cancers.²
- African American women have a higher risk of *BRCA1* and *BRCA2* genetic mutations than women of western European ancestry. These carriers are at much higher risk for breast cancer.

In addition to having more aggressive cancers than their white counterparts, underrepresented minority women may have less access to screening mammography. Although the reasons are multifactorial, lack of access is most often due to adverse socioeconomic conditions or fewer locally available screening centers. This lack of access also prevents earlier breast cancer detection in other populations with lower socioeconomic status. Consequently, larger and more advanced cancers develop in these groups, and affected patients have higher morbidity and mortality than do women who benefit from regular screening.

We believe that all people for whom breast cancer screening is appropriate should receive the opportunity to undergo screening. The SBI encourages women who lack adequate health care to seek information and support from hospital, local, state, private, philanthropic, or federal programs to cover the cost of their screening and treatment. The society also supports increased financial aid for this group by these organizations.



The SBI strongly supports gender equality and recommends that those who choose gender transition undergo appropriate screening. Although the data on screening transgender patients are sparse, most experts currently recommend that male-to-female transgender patients who have received breast-enhancing hormones should be screened with mammography annually starting at age 40 years. Female-to-male transgender patients who have retained any native breast tissue should also get screening mammograms each year beginning at age 40 years. Breast cancer occurs in these groups, and regular mammographic screening is the best way to reduce mortality and morbidity.

The SBI is dedicated to reducing morbidity and mortality through early detection. By promoting diversity and inclusion, the SBI aims to reach everyone who is at risk for developing breast cancer. Breast health care providers should strive to ensure that all patients from various ethnic, racial, gender, and socioeconomic groups have access to potentially lifesaving tests.

This statement was produced by the SBI Communications and Advocacy Task Force:

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References:

1. American Cancer Society. Breast cancer facts & figures 2015-2016. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/breast-cancer-facts-and-figures-2015-2016.pdf>. Published 2015. Accessed January 8, 2019.
2. DeSantis CE, Siegel RL, Sauer AG, et al. Cancer statistics for African Americans, 2016: progress and opportunities in reducing racial disparities. CA Cancer J Clin. 2016;66(4):290-308.
3. DeSantis CE, Lin CC, Mariotto AB, et al. Cancer treatment and survivorship statistics, 2014. CA Cancer J Clin. 2014;64(4):252-271.