Written testimony, Dr. Rachel Brem.
April 15, 2026

Thank you for the opportunity to address the Subcommittee today.

I am Dr. Rachel Brem, Professor of Radiology and Vice-Chair Emeritus at George Washington University, and Co-Founder and Chief Medical Officer of the Brem Foundation to Defeat Breast Cancer. My life's mission is to ensure that every woman has access to early detection and potentially life-saving treatment for breast cancer. This mission is personal—my mother was diagnosed with breast cancer when I was just 12 years old. Given a prognosis of only six months to live, she survived another 44 years, thanks to early detection. Later, at age 37, I found my own breast cancer while evaluating breast ultrasound equipment. My eldest daughter was 12 at the time. I know breast cancer as a daughter, a mother, a survivor, and as a world-recognized breast cancer physician.

I am here today to offer my strongest possible support for the bipartisan Breast Cancer Education and Awareness Requires Learning Young (EARLY) Act, introduced by members of Congress from both sides of the aisle, who fight for women's health each day: Representatives Debbie Wasserman Schultz, Mariannette Miller-Meeks, Kathy Castor, Brian Fitzpatrick, Debbie Dingell, and Diana Harshbarger.

In 2024 actress Olivia Munn, at age 44, shared her breast cancer diagnosis with the world. That same month, Kate Middleton, at age 42, shared her cancer diagnosis after undergoing abdominal surgery a few months prior. Both are stark examples of a troubling trend—cancer diagnoses among people under age 50 are on the rise, particularly among women.

Cancer has historically been a disease of aging, but it has become more common in people under 50 in recent decades. In fact, cancer in young people (under 49) has risen by 79% between 1990-2019.

For years, media coverage has noted rising rates of "early-onset" cancers, but the scale of the trend over time and place, and across cancer types is only now becoming clearer. Scientists are working to understand why the disease, especially breast and colorectal cancer, is striking more young people — and how it affects them differently.

What we do know, is that breast cancer is the most commonly diagnosed type of cancer in women aged 20 to 49. Younger women are often diagnosed with aggressive, harder-to-treat breast cancers, such as triple negative breast cancer. Racial disparities exist in younger ages as well, and Black women younger than age 50 have a breast cancer death rate that is twice as high as White women of the same age.

The evidence is clear - early detection of breast cancer saves lives. Over 99 percent of women who receive an early diagnosis can see high rates of survival with treatment. That number drops to 30 percent when breast cancer is caught at later stages.

Scientists have identified a “birth-cohort effect”-- those born in 1990, for example, have a two- to threefold increased risk of certain cancers compared with those born in 1955 – suggesting that environmental and lifestyle exposures that have become more common in recent decades may be behind the increase in early-onset cancer.

Today Americans are less physically active than we were in the early 20th century. Processed foods and sugar figure largely in the American diet. Plastics and forever chemicals are a part of our daily lives. Each of these may be a factor.

But the truth is that large scale studies are needed for us to understand the WHY.

While the reasons that young-onset cancer cases are on the rise are not yet fully understood, what is clear is that younger women need to be proactive in taking control of their own breast health, insisting upon early detection measures that could have a profound impact on their health outcomes.

Twenty years ago I co-founded Brem Foundation to Defeat Breast Cancer with one goal - to ensure early detection of breast cancer for all women, and in the process save lives. Brem Foundation educates women to take control of their breast health, removes access barriers in underserved communities and works to drive meaningful policy change that advances early detection.

The EARLY Act does just that. Simply put, this bill will save lives

Authorizing three programs administered by the Centers for Disease Control and Prevention (CDC), the legislation is designed to empower young and high-risk women to better focus their attention on this deadly disease. These initiatives increase knowledge of breast health and breast cancer among women, particularly among those younger than 40 and those at higher risk for developing the disease. It includes development of evidence-based approaches to advance understanding and awareness of breast cancer among young women, such as prevention research, public and health professional education and awareness activities, and emerging early detection strategies.

A key program is the CDC Bring Your Brave campaign, which amplifies stories of real women to raise awareness of breast cancer in young women, encouraging them to understand their risk and the signs and symptoms. The campaign also includes a provider focused component, creating evidence based provider education resources for Ob-gyns, Nurses, Nurse Practitioners, Physician Assistants, Internists and Allied Health Professionals.

I often say that “knowledge is power” when it comes to early detection of breast cancer. At Brem Foundation we advocate that all women at average risk for breast cancer get an annual mammogram, starting at age 40. (Higher risk women often need to start even earlier). But

women under 40 years are not eligible for annual screening, without a known higher risk. So it is imperative that we equip them with the knowledge and the tools to protect their breast health.

We've also heard anecdotally about social media content - Tik Tok videos- claiming that mammograms are bad for your health. In this age of misinformation, it is more important than ever that the CDC and evidence-based organizations such as the American Cancer Society, the Breast Cancer Research Foundation and Brem Foundation are sharing information and tools that are backed by science and peer-reviewed research.

At Brem Foundation, we take that responsibility quite seriously - ensuring that all women are equipped with the resources to detect breast cancer at its earliest stages - increasing survival rates and reducing the intensity of care. Today I would like to share some important considerations for younger women in learning their risk and maximizing early detection:

Understanding your risk profile
Evidence based risk assessment tools, including CheckMate created by Brem Foundation help women better understand their individual risk factors for breast cancer. A simple assessment quiz taken on your phone in just three minutes can be a powerful tool - preparing women to start a conversation with their health care provider, to find out when to begin screening based on their risk profile and what screening options are appropriate.

Family history can be critical
Learning your family history of cancer and certain other diseases is another crucial step toward understanding risk. Having a first-degree blood relative (mother, sister, or daughter) with breast cancer almost doubles a woman's risk, and having two first-degree relatives with breast cancer increases her risk by about 3-fold, according to the American Cancer Society. But learning about the cancer history of second-degree relatives is important, too (cousins, aunts/uncles and grandparents), particularly if more than one has had cancer.
It is essential to share this information with a health care provider to find out if you are at increased risk and may need to screen beginning at a younger age or more frequently.

Explore genetic testing
Inheriting a genetic mutation linked to breast cancer means that a woman's chance of developing breast cancer is higher than other women. Individuals with a predisposition to cancer may benefit from earlier screenings to catch a cancer at its earliest stages when it is most easily treatable. Mutations in some genes can increase a woman's risk of developing breast cancer up to 60-80% over her lifetime. BRCA1 and BRCA2 are the most commonly discussed genes associated with breast cancer risk, but there are others that also carry an increased risk for breast cancer.

Genetic testing is much more accessible and affordable than in years past. Depending on risk level, it may be covered by health insurance.

Know your 'normal'

The reality is that over75% of women who develop breast cancer do not have a family history of the disease.
So it is critical that women are familiar with their breasts by looking and feeling them on a regular basis (ideally monthly)—doing this will help to know their 'normal'. Regular checking will help identify any new bumps, lumps, indentations, redness or discharge. About 80% of women diagnosed with breast cancer under 40 found their own breast abnormalities.

Speak Up - It May Save Your Life
Finally, younger women are often dismissed when they express concern about breast cancer. If a patient does not feel that their concerns are being properly addressed, I strongly encourage them to seek opinions from multiple health care providers. Ask questions to gain more understanding of your breast health and encourage others around you to be mindful of their health, risk factors and screening options.

I cannot tell you how many times in my own practice I have met with a young woman, with young children at home, who is facing an advanced diagnosis because her concerns were dismissed out of hand.

In summary, the EARLY Act prioritizes this empowering approach - elevating education for younger women, helping them to understand their risk profile, identify potential signs and symptoms, prioritizing evidence and enhanced awareness.

At the Brem Foundation our guiding mantra is "detect early, save lives." 1 in 8 women in the U.S. will be diagnosed with breast cancer. Each and every member here today has been touched by breast cancer at some point in their lives, so I know this is important to you on a personal, as well as a policy level.

Early detection is not just a recommendation; it is a right. We must ensure that all women, regardless of their age, zip code, race or socio-economic status are able to detect cancer early, when health outcomes are best and survival rates are highest. The evidence is clear, the science is sound, and the stakes could not be higher.

At this critical moment of rising rates in younger women, I cannot think of a more critical piece of legislation than the EARLY Act. I urge swift passage by the committee.