International Cancer Patient Coalition

Japan

Breast Cancer Factsheet: Insights & Key Developments

Key Insights on Breast Cancer Care and Infrastructure

Core Pillars:

1. Infrastructure
2. Treatment Access, Research Funding and Awareness Campaigns
3. Survival Rates, Early Detection and Palliative Care
4. Utilization of Biomarkers
5. Clinical Guidelines
6. Reimbursement
7. Breast Cancer Screening

Breast cancer remains one of the most prevalent cancers worldwide, affecting millions of individuals each year. Despite advancements in diagnostics, treatment, and awareness, disparities in access to care, molecular testing, and specialized centers persist.

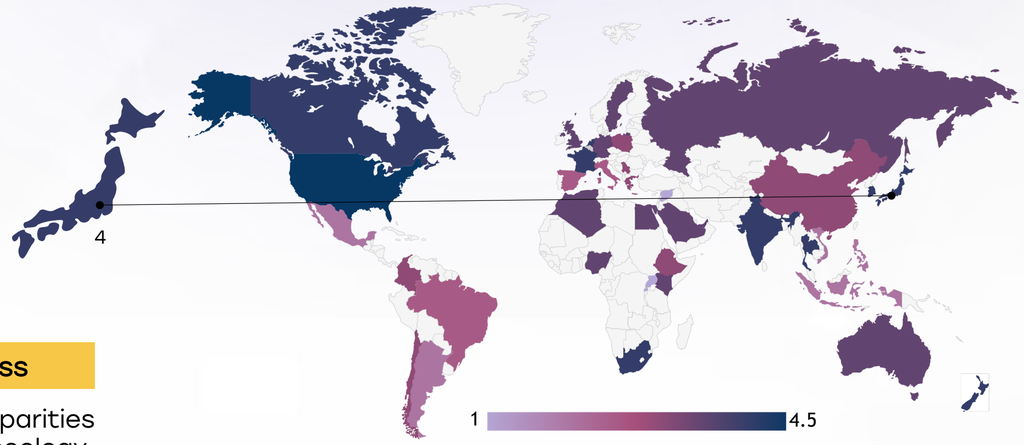
This factsheet provides a comprehensive overview of key pillars shaping breast cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Breast cancer incidence: 21.9% of all female cancers
- Incidence rate: 74.4 per 100,000 women per year
- Total cases (2018-2022): Approximately 91,916 cases in 2022
- Daily diagnoses (2022): Approximately 252 women per day
- Breast cancer deaths (2018-2022): 9.3% of all cancer deaths in women
- 5-year survival rate: 85.8%
- Most affected age group: 50-69 years
- Screening participation (ages 50-69): 43.7%

International Cancer Patient Coalition

Japan

Infrastructure



Strengths

- Over 400 designated cancer hospitals ensure wide geographic access to breast cancer care.
- Universal health coverage supports integration of diagnostics, treatment, and research.

Weakness

- Regional disparities persist in oncology specialist availability and diagnostic wait times.

S W O T

Opportunity

- Government support for cancer coordination networks and telemedicine expansion.
- Strong R&D institutions like NCC and AMED drive precision oncology.

Threats

- Quality of care in non-designated hospitals remains under-monitored.
- Aging infrastructure in some rural facilities may limit equitable service delivery.

5. Advanced nationwide infrastructure, widespread availability in public and private sectors, integration with clinical practice.

4. Strong infrastructure in major hospitals and cancer centers, some regional disparities.

3. Moderate infrastructure, primarily in private settings or research institutions.

2. Limited infrastructure, available only in select centers or for high-cost private testing.

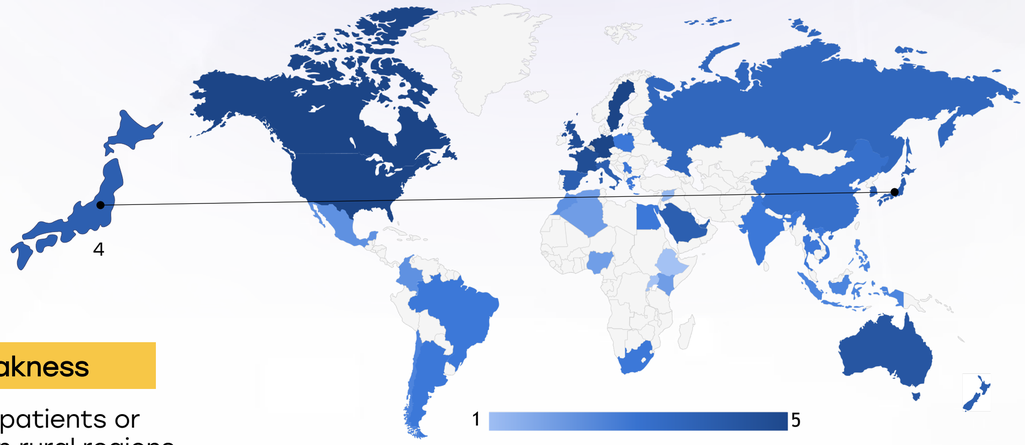
1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	3	3
Kenya	2	2
Nigeria	2	2
Egypt	3	3
Morocco	2	2
Algeria	2	2
Ethiopia	1	1
India	3	3
Japan	4	4
South Korea	4	4
China	3	3
Thailand	3	3
Singapore	4	4
United Kingdom	4	4
Germany	5	5
France	4	4
Netherlands	5	5
Sweden	5	5
Italy	4	4
Spain	4	4
Poland	3	3
Mexico	2	2
Brazil	3	3
Argentina	3	3
Chile	3	3
Colombia	2	2
United States	5	5
Canada	5	5
Australia	4	4
New Zealand	4	4
Greece	3	3
Rwanda	1	1
Uganda	1	1
Serbia	3	3
Saudi Arabia	3	3
UAE	3	4
Syria	1	1
Indonesia	2	2
Vietnam	2	2
Philippines	2	2
Russia	4	3

International Cancer Patient Coalition

Japan

Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Timely access to all key HER2 therapies, including T-DXd; costs are capped by national insurance.
- Strong public and private research funding supports innovation and trials.

Weakness

- Elderly patients or those in rural regions may be undertreated due to comorbidities or travel barriers.

S W O T

Opportunity

- Biosimilar uptake and decentralized clinical trials can improve equity and reduce costs.
- Pink Ribbon campaigns and school-based education programs increase future awareness.

Threats

- Financial anxiety and misunderstanding of insurance limits hinder optimal use of reimbursement schemes.
- Limited HER2-subtype public awareness may affect early treatment uptake.

5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.

4. Well-developed system with good treatment availability, strong research funding, and effective but regionally focused awareness campaigns. Some disparities may exist in rural areas or between public and private sectors.

3. Moderate development, with specialized treatments available in major hospitals, research funding concentrated on specific cancers, and occasional but limited awareness efforts. Healthcare access may be restricted by cost or geography.

2. Limited system where cancer treatment is available only in select urban centers, research funding is minimal or sporadic, and awareness campaigns are rare or underfunded. Patients often face long wait times or financial barriers.

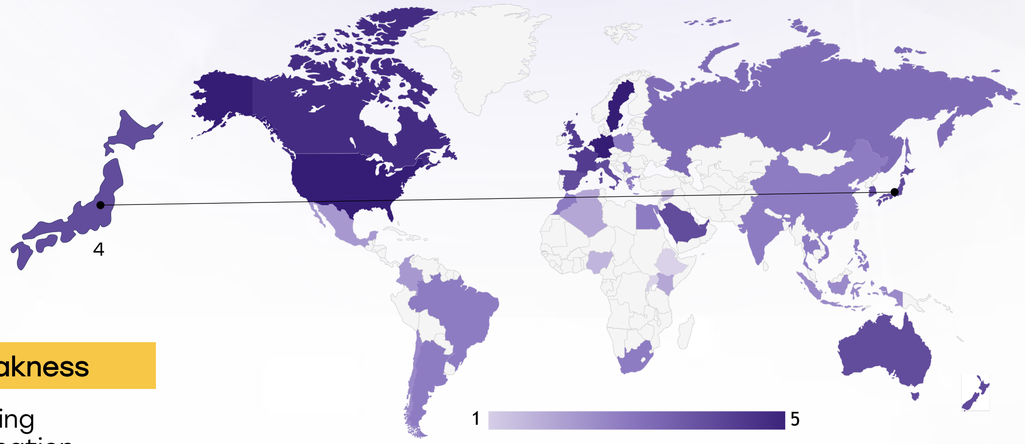
1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa	3	3	3
Kenya	2	2	2
Nigeria	2	2	2
Egypt	3	3	3
Morocco	2	2	3
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	4	4	4
South Korea	4	4	4
China	3	4	3
Thailand	3	3	3
Singapore	4	5	5
United Kingdom	4	5	5
Germany	5	5	5
France	4	5	5
Netherlands	5	5	5
Sweden	5	5	5
Italy	4	4	4
Spain	4	4	4
Poland	3	3	3
Mexico	2	2	3
Brazil	3	3	3
Argentina	3	3	3
Chile	2	3	3
Colombia	2	2	3
United States	5	5	5
Canada	5	5	5
Australia	4	4	5
New Zealand	4	4	4
Greece	3	3	3
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	3	3
Saudi Arabia	4	4	4
UAE	4	4	4
Syria	2	1	1
Indonesia	3	2	3
Vietnam	3	2	3
Philippines	3	2	3
Russia	4	4	3

International Cancer Patient Coalition

Japan

Survival Rates, Early Detection and Palliative Care



Strengths

- Five-year survival exceeds 90%; over half of breast cancers are detected at early stages.
- Palliative care is integrated from diagnosis, with multidisciplinary support in all cancer centers.

Weakness

- Screening participation remains below 50%, despite national programs and subsidies.

S W O T

Opportunity

- Expansion of ultrasound screening for dense breasts and reminders for younger women.
- Increased psychosocial support and home-based palliative services.

Threats

- Specialist shortages in rural areas and stigma around palliative care delay referrals.
- COVID-19 disruptions reduced screening uptake; recovery remains uneven.

5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.

4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative care. Some disparities may exist in rural areas or for specific cancer types.

3. Moderate survival rates, early detection available but not widespread, and palliative care services mainly in urban centers. Some patients experience delays in diagnosis or limited end-of-life care.

2. Low survival rates, early detection efforts are inconsistent or underfunded, and palliative care is minimal or only available in select hospitals. Cancer patients face significant access barriers.

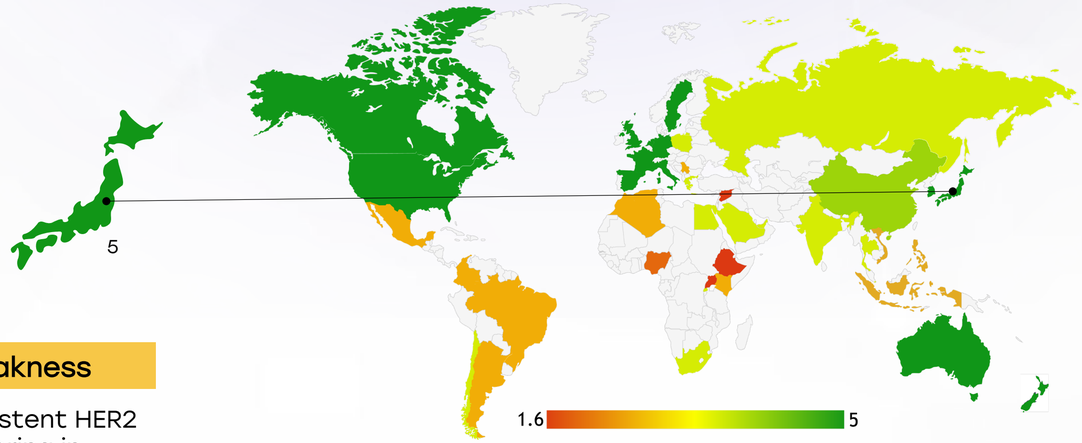
1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

Country	Survival Rates	Early Detection	Palliative Care
South Africa	3	3	3
Kenya	2	2	2
Nigeria	2	1	2
Egypt	3	3	3
Morocco	3	3	3
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	4	4	4
South Korea	4	4	4
China	3	3	3
Thailand	3	3	3
Singapore	4	5	4
United Kingdom	4	5	4
Germany	5	5	5
France	4	5	4
Netherlands	5	5	5
Sweden	5	5	5
Italy	4	4	4
Spain	4	4	4
Poland	3	3	3
Mexico	2	3	2
Brazil	3	3	3
Argentina	3	3	3
Chile	2	3	3
Colombia	2	3	2
United States	5	5	5
Canada	5	5	4
Australia	4	4	4
New Zealand	4	4	4
Greece	3	3	3
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	3	3
Saudi Arabia	4	4	4
UAE	4	4	4
Syria	2	2	1
Indonesia	3	3	2
Vietnam	3	3	2
Philippines	3	3	3
Russia	4	3	3

International Cancer Patient Coalition

Japan

Utilization of Biomarkers



Strengths

- HER2, ER, PR, and BRCA testing widely available and reimbursed; HER2 testing is routine.
- HER2-low classification and T-DXd use adopted early in Japan.

Weakness

- Inconsistent HER2 IHC scoring in borderline cases affects treatment decisions.

S W O T

Opportunity

- Digital pathology and AI tools can standardize biomarker interpretation.
- Patient education on biomarker significance can improve shared decision-making.

Threats

- HER2 testing variability may lead to under- or over-treatment.
- HER2-low expansion may strain diagnostic consistency if pathologist training lags.

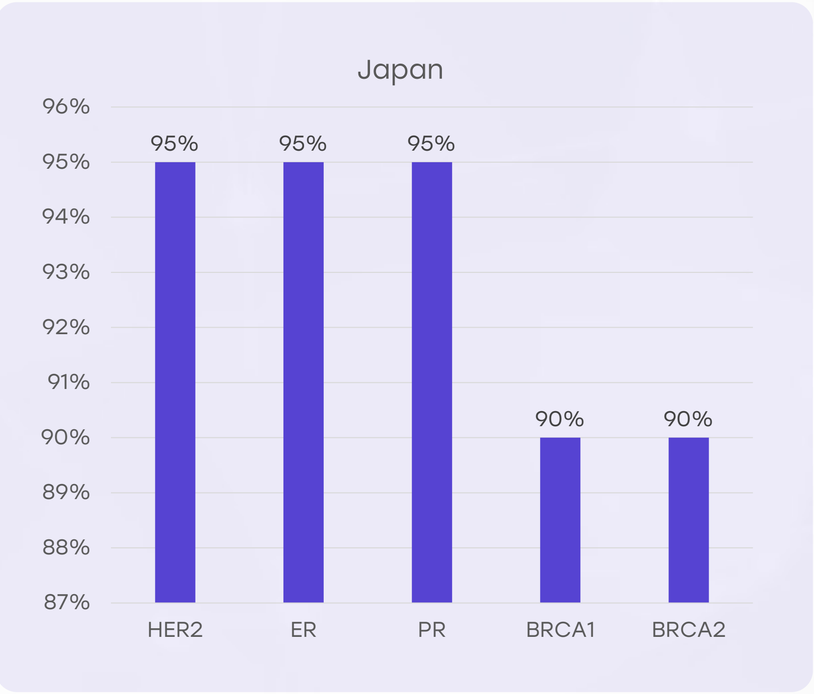
5. 80% Biomarker testing is widely available and routinely performed as part of standard clinical practice. Strong integration into treatment decisions, with national coverage and reimbursement ensuring accessibility.

4. 61-80%. Biomarker testing is commonly used, but access may be limited in certain regions or patient groups. Some disparities exist in coverage or affordability, but it is still a crucial part of cancer diagnostics

3. 41-60% Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.

2. 20-40% Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.

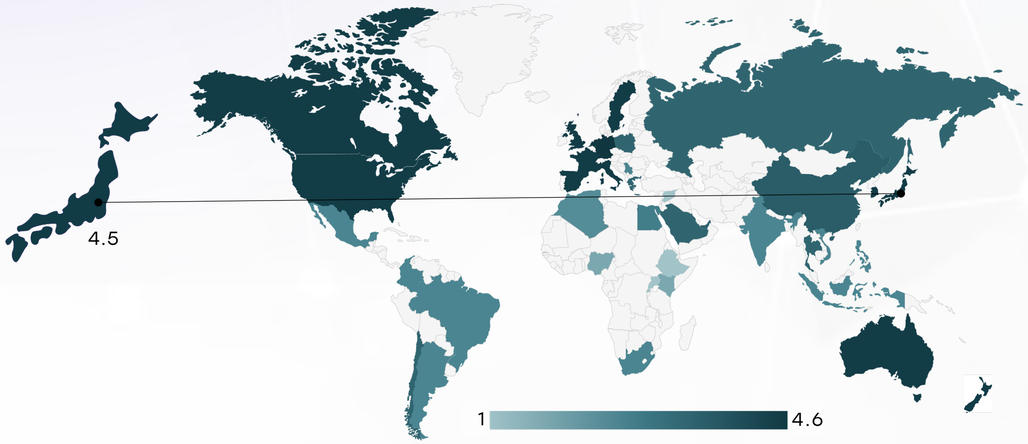
1. <20% Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.



International Cancer Patient Coalition

Japan

Clinical Guidelines



Strengths

- National guidelines updated regularly, aligned with ESMO/NCCN; strong evidence base.
- High consensus among experts ensures consistent care across institutions.

Weakness

- Delays in formal integration of emerging HER2-low protocols in early-stage care.

S W O T

Opportunity

- Multistakeholder updates every 3 years ensure guidelines reflect rapid drug innovations.
- Education programs by JBCS and JSCO support dissemination to non-specialist providers.

Threats

- Complexity in HER2-low definitions may challenge future revisions.
- Minor inconsistencies in elderly-specific recommendations could lead to variable practices.

	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	O	✖	✖	✖	✖
Feasibility of Integration	✖	O	✖	✖	✖
Adoption of International Guidelines	O	✖	✖	✖	✖
Engagement with Updates	O	✖	✖	✖	✖
ESMO Guidelines Implementation	O	✖	✖	✖	✖

International Cancer Patient Coalition

Japan

Reimbursement

Strengths

- Universal health insurance ensures nearly all treatments and biomarker tests are reimbursed.
- High-Cost Medical Expense Benefit caps patient expenses based on income.

Weakness

- Some patients unaware of reimbursement caps; initial out-of-pocket costs cause stress.

S W O T

Opportunity

- Improved navigator systems and hospital support could reduce financial anxiety.
- Rapid HTA and pricing reviews allow timely access to novel therapies.

Threats

- Rising costs of new therapies may pressure sustainability of reimbursement system.
- Awareness gaps in policy benefits can delay therapy initiation.

O Yes - A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.

◯ Partial - A reimbursement framework is in place, but patients may still have out-of-pocket expenses such as co-pays, limited coverage, or financial caps on testing.

✖ No - No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

Country	Reimbursement	No-cost Access
South Africa	O	✖
Kenya	✖	✖
Nigeria	✖	✖
Egypt	O	◯
Morocco	O	✖
Algeria	O	✖
Ethiopia	✖	✖
India	◯	✖
Japan	O	O
South Korea	O	O
China	O	◯
Thailand	O	◯
Singapore	O	O
United Kingdom	O	O
Germany	O	O
France	O	O
Netherlands	O	O
Sweden	O	O
Italy	O	O
Spain	O	O
Poland	O	◯
Mexico	O	✖
Brazil	O	✖
Argentina	O	✖
Chile	O	◯
Colombia	O	✖
United States	O	O
Canada	O	O
Australia	O	O
New Zealand	O	O
Greece	O	◯
Rwanda	✖	✖
Uganda	✖	✖
Serbia	O	◯
Saudi Arabia	O	O
UAE	O	O
Syria	O	O
Indonesia	O	◯
Vietnam	✖	✖
Philippines	✖	✖
Russia	O	◯

International Cancer Patient Coalition

Japan

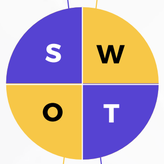
Breast Cancer Screening

Strengths

- Nationally subsidized biennial mammography offered to women aged 40–74.
- Quality assurance programs for radiologists and facilities ensure high standards.

Weakness

- Screening uptake remains low (~47%), especially among women in their 40s and rural areas.



Opportunity

- Mobile mammography vans and reminder systems could boost participation.
- Integration of adjunct ultrasound screening for dense breasts.

Threats

- Cultural hesitancy and limited primary care reminders reduce engagement.
- Without stronger incentives or automation, participation targets may not be met.

Country	Breast Cancer Screening
United States	Biennial mammograms (50-74 years)
United Kingdom	Triennial mammograms (50-71 years)
Canada	Mammograms every 2-3 years (50-74 years)
Australia	Biennial mammograms (50-74 years)
Germany	Mammograms every 2 years (50-69 years)
France	Biennial mammograms (50-74 years)
Netherlands	Mammograms every 2 years (50-75 years)
Sweden	Mammograms every 18-24 months (40-74 years)
Italy	Mammograms every 2 years (50-69 years)
Spain	Mammograms every 2 years (50-69 years)
Poland	Mammograms every 2 years (50-69 years)
Japan	Mammograms every 2 years (40+ years)
South Korea	Biennial mammograms (40+ years)
China	Regional mammogram programs (40-69 years)
India	Opportunistic screening
Singapore	Biennial mammograms (50-69 years)
Saudi Arabia	Opportunistic screening; regional programs for women aged 40+
UAE	Opportunistic screening; encouraged every 2 years for 40-69 years
Syria	No national program; limited local initiatives due to conflict

Country	Breast Cancer Screening
Thailand	Biennial mammograms (50-69 years)
South Africa	Opportunistic screening
Kenya	No national program
Nigeria	No national program
Egypt	National awareness campaigns
Morocco	National program for 45-69 years
Algeria	Planned national program (50-69 years)
Ethiopia	No national program
Mexico	Biennial mammograms (40-69 years)
Brazil	Biennial mammograms (50-69 years)
Argentina	Biennial mammograms (50-69 years)
Chile	Mammograms every 3 years (50-69 years)
Colombia	Biennial mammograms (50-69 years)
New Zealand	Biennial mammograms (45-69 years)
Greece	Biennial mammograms (50-69 years)
Rwanda	No national program
Uganda	No national program
Serbia	Biennial mammograms (50-69 years)
Indonesia	Opportunistic screening; no national mammography program
Vietnam	Regional mammography programs; pilot programs in urban areas (age 45–69)
Philippines	Opportunistic screening; mammography recommended every 2 years for women 50+
Russia	National program for biennial mammograms (50–69 years)