International Cancer Patient Coalition

UAE

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.

- Incidence share: Most common cancer among women (≈ 36–38% of all female cancers)
- Incidence rate: ~52 per 100,000 women per year (ASR); crude rate ~40 per 100,000
- Total new cases (2021): Approximately 1,128 female cases (1,139 including men)
- Daily diagnoses: Roughly 3 women diagnosed per day
- Deaths: Breast cancer ranks among the top three causes of cancer-related death in women (~9–11% of cancer mortality)
- 5-year survival rate: Around 89%
- Most affected age group: Median age at diagnosis ~48–49 years; ~21% diagnosed between ages 30–40; most cases in those under 60
- Screening participation: No fully structured national mammography program; rising opportunistic screening and clinical exams; breast self-examinations practiced by many women; mobile screening units (e.g., Pink Caravan) and regional initiatives improving outreach, though overall uptake remains modest

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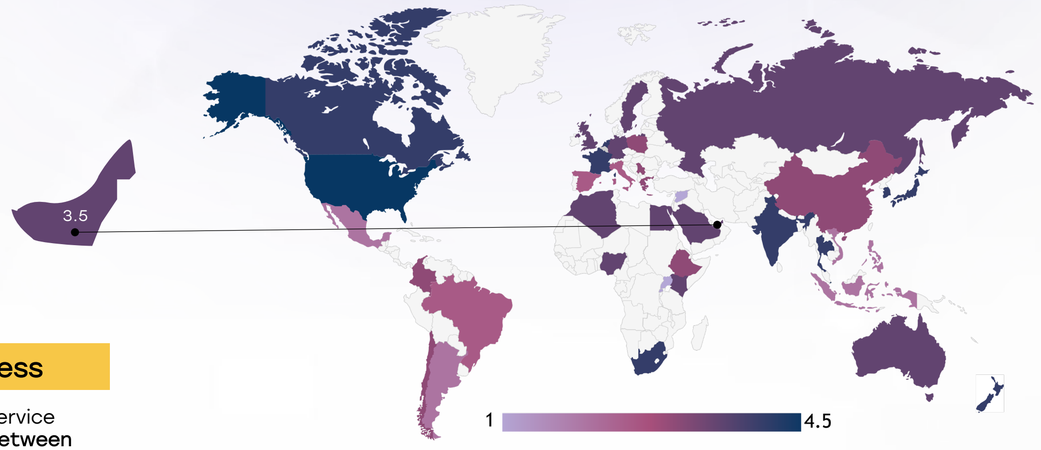
Infrastructure



Strengths

- World-class cancer care facilities in **Abu Dhabi (Sheikh Khalifa Medical City, Cleveland Clinic Abu Dhabi)** and **Dubai (Dubai Hospital, Mediclinic City Hospital).**
- Widespread access to **digital mammography, ultrasound, MRI, stereotactic biopsy, PET-CT,** and oncology surgery.
- MOHAP and SEHA operate **accredited oncology centers** in all major Emirates.

Weakness

- Access and service quality **vary between Emirates** (less advanced services in northern Emirates like Ajman or Fujairah).
- Heavy reliance on **urban tertiary care centers,** leading to long travel times for some residents.

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Opportunity

- Expand **regional oncology clinics** and mobile breast units in underserved areas.
- Integrate public-private data systems for continuity of care.

Threats

- Rapid population growth and increasing NCD burden may outpace infrastructure upgrades.
- Overdependence on expatriate medical staff poses continuity risk.

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

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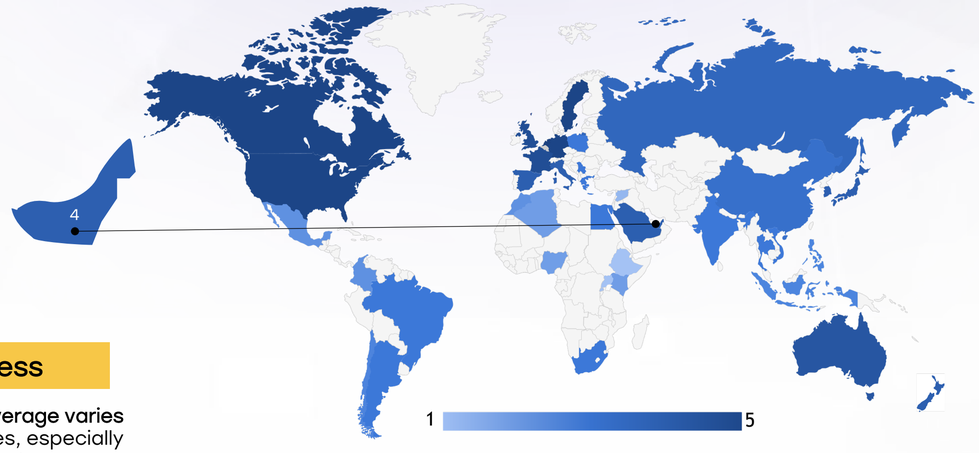
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Breast cancer treatment is **free for Emirati nationals** and subsidized for residents under various schemes.
- Advanced therapies available in **both public and private sectors,** including **trastuzumab, pertuzumab, CDK4/6 inhibitors, and PARP inhibitors.**
- Active national campaigns led by **Pink Caravan, Friends of Cancer Patients, MOHAP, SEHA, and DHA.**

Weakness

- **Insurance coverage varies** for expatriates, especially for advanced-stage or expensive biologics.
- Limited **locally driven breast cancer research or registries**; most publications come from tertiary centers.

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Opportunity

- Develop UAE-specific breast cancer registries and genomic research platforms (e.g., via G42 or Khalifa University).
- Expand awareness efforts to **younger and migrant women**, often under-reached in screening.

Threats

- **High cost of new therapies** may challenge reimbursement as incidence grows.
- Low insurance coverage for self-employed and low-income migrant women may delay diagnosis.

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

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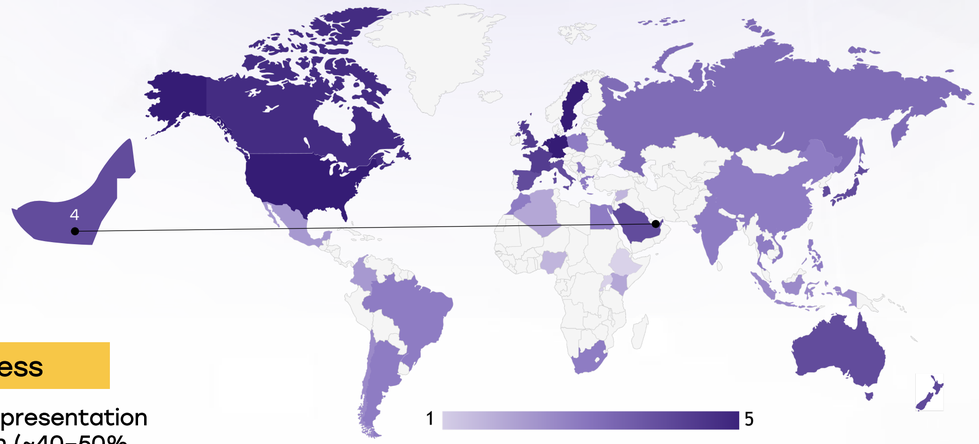
Survival Rates, Early Detection and Palliative Care



Strengths

- Early-stage diagnosis associated with **5-year survival >90%** in major cancer centers.
- Availability of palliative and survivorship care in top-tier institutions.
- National Cancer Control Strategy (2022–2026) aims to reduce cancer mortality through early detection.

Weakness

- **Late-stage presentation still common (~40–50% at Stage III/IV),** especially among non-nationals.
- Palliative services in northern and smaller Emirates are **less well developed.**

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Opportunity

- Expand culturally sensitive community education and early detection campaigns in **multiple languages.**
- Train more palliative care providers and expand services to home settings.

Threats

- Health-seeking behavior delays (especially in expatriate or low-income communities).
- Cultural barriers and misinformation around breast exams and cancer discussions.

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

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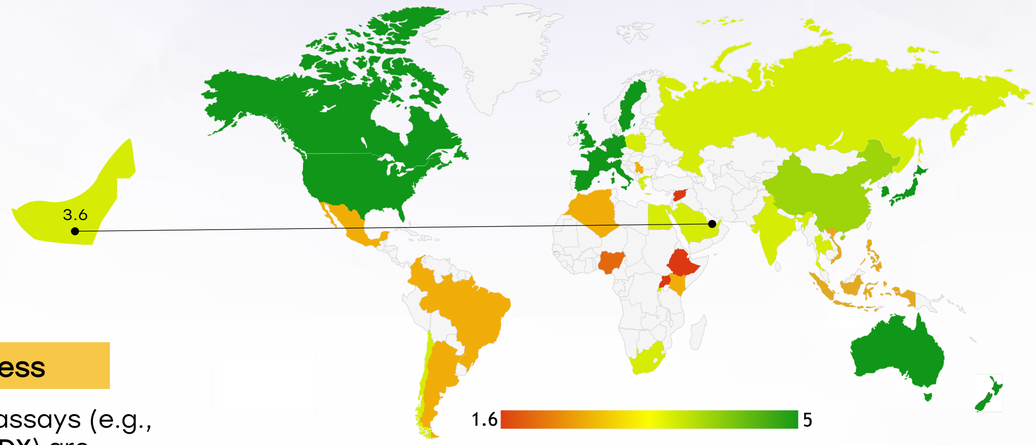
Utilization of Biomarkers



Strengths

- HER2, ER, PR testing is **standard of care** across both private and public hospitals.
- Many centers also offer Ki-67, BRCA1/2 testing, and genomic panels for eligible patients.

Weakness

- Multigene assays (e.g., **Oncotype DX**) are **limited to private sector** and expensive.
- Turnaround time for molecular testing may vary across Emirates.

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Opportunity

- Implement a **national quality assurance program for biomarker testing.**
- Subsidize key biomarker and BRCA testing for all high-risk patients.

Threats

- Fragmentation between emirate-level and federal labs may reduce consistency.
- Delays in test results can postpone treatment initiation, especially for non-nationals.

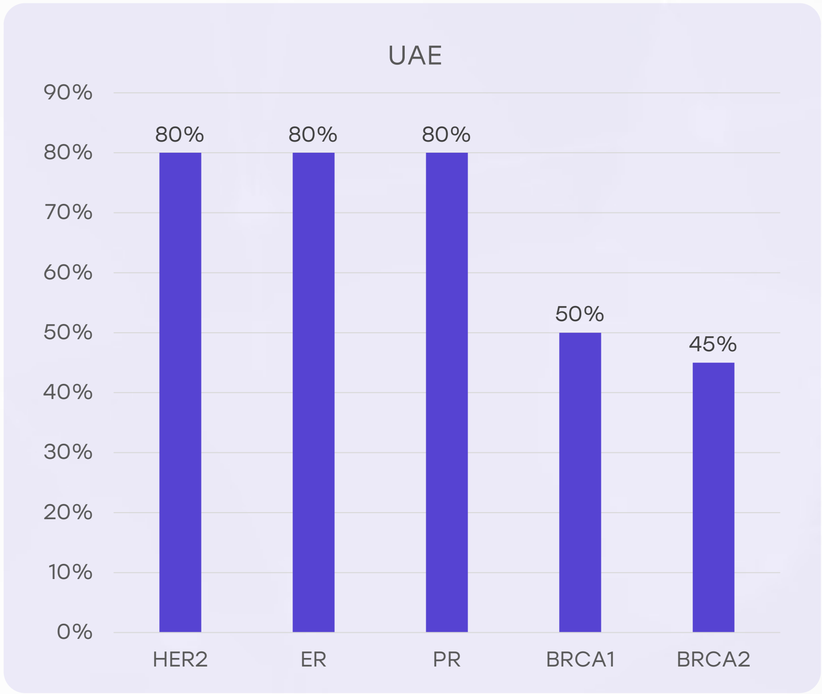
5. 80% Biomarker testing is widely available and routinely performed as part of standard clinical practice. Strong integration into treatment decisions, with national coverage and reimbursement ensuring accessibility.

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.



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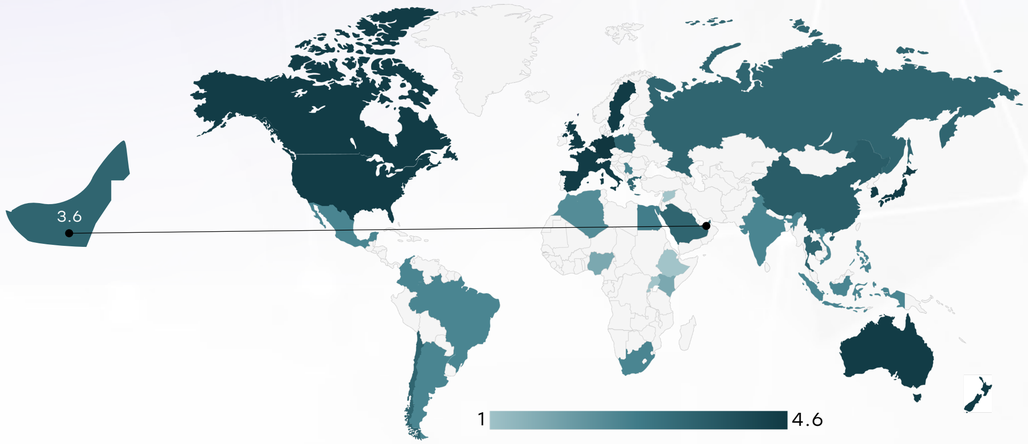
Clinical Guidelines



Strengths

- National cancer guidelines based **on NCCN and ESMO standards** issued by **MOHAP, SEHA, and DHA.**
- Use of multidisciplinary teams (MDTs) is standard in tertiary centers.

Weakness

- **Private sector guideline adherence varies**, especially in lower-tier facilities.
- No **national audit** system for compliance or outcome monitoring.

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Opportunity

- Develop UAE-wide digital platform linking hospitals and guideline compliance dashboards.
- Train general practitioners and family physicians on early triage protocols.

Threats

- Fragmentation between emirate-level health authorities may slow unified implementation.
- Lack of continuous education in lower-resource facilities.

	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	✖	✖	✖

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Reimbursement

Strengths

- **Emiratis fully covered** for treatment in both public and private facilities.
- Several **insurance packages for residents** cover basic diagnostics and first-line therapies.

Weakness

- **High out-of-pocket costs** for advanced treatments among uninsured or partially covered expats.
- Disparity in coverage between different insurance tiers (e.g., Saada, Thiqa vs. basic packages).

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Opportunity

- Introduce **universal co-payment protection** for all breast cancer patients.
- Promote employer-based supplemental insurance with clear cancer coverage.

Threats

- Rising cost of biologics may pressure public and private payers.
- Gaps in drug access for migrant populations could worsen care disparities.

● 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.

● 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 formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

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

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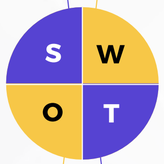
Breast Cancer Screening

Strengths

- **Free mammography screening for Emirati women aged 40–69** via MOHAP and SEHA.
- Annual **Pink Caravan Ride** and mobile clinics bring screening to all Emirates.
- Screening included in **government annual health checkups.**

Weakness

- Screening participation among **non-Emirati women is under 30%.**
- Language and cultural barriers in migrant communities hinder uptake.



Opportunity

- Expand outreach via workplaces, mosques, and expat networks in Tagalog, Hindi, Urdu, Bengali, and Arabic.
- Create tailored reminders and incentives for regular screening.

Threats

- Screening fatigue or distrust of health systems among vulnerable groups.
- Lack of centralized tracking for follow-up and abnormal findings.

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)