International Cancer Patient Coalition

Netherlands

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.

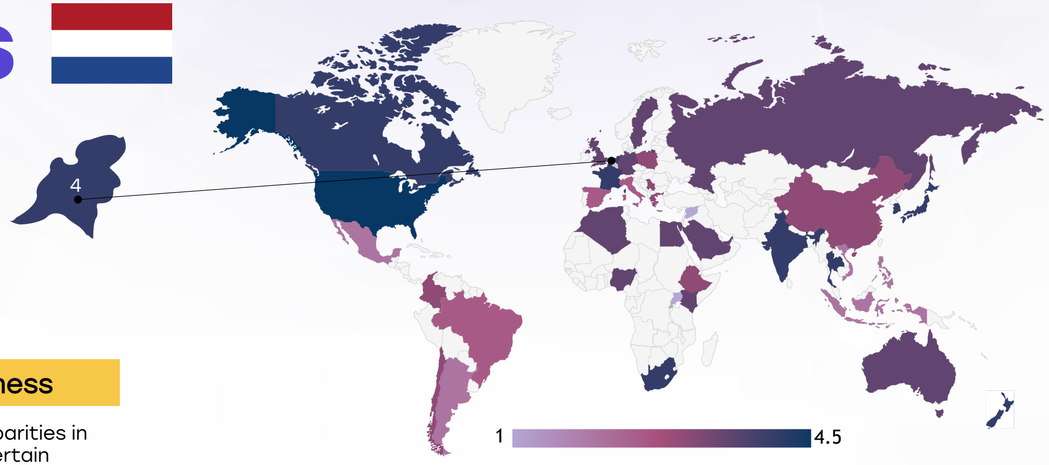
This factsheet provides a comprehensive overview of keay pillars shaping breast cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Annual diagnoses: Approximately 14,000 women are diagnosed with invasive breast cancer each year, along with about 2,400 cases of in-situ breast cancer.
- Average age at diagnosis: Around 61 years.
- Annual mortality: Approximately 3,000 women die from breast cancer each year.
- Lifetime risk: About 1 in 7 women in the Netherlands will develop breast cancer during their lifetime.
- Ten-year prevalence: Approximately 128,000 women are living with a breast cancer diagnosis within the past ten years.
- Incidence rate: 101.6 per 100,000 women per year.
- Screening program: The National Breast Cancer Screening Programme invites women aged 50 to 75 for biennial mammograms.
- Participation rates:
  - In 2020, 71.2% of invited women participated.
  - In 2021, participation increased to 72.5%.
- Referral rate: In 2021, 2.74% of screened women were referred for further examination.
- Risk factors: Approximately 25.7% of postmenopausal breast cancer cases are attributed to modifiable lifestyle factors, including:
  - Overweight/obesity: 8.8%
  - Alcohol consumption: 6.6%
  - Physical inactivity: 5.5%
  - Smoking: 4.6%
  - Low dietary fiber intake: 3.2%
- Screening attendance: The average attendance rate for the population-based breast cancer screening program is around 80%.

International Cancer Patient Coalition

Netherlands

Infrastructure



Strengths

- Advanced national network with top-tier cancer centers (e.g., NKI, Erasmus MC), offering comprehensive care and cutting-edge diagnostics.
- Widespread access to molecular testing (HER2, BRCA, PD-L1) through national integration and initiatives like the Hartwig Medical Foundation.

Weakness

- Regional disparities in access to certain technologies, especially for patients treated outside major academic centers.
- Complex data sharing systems between institutions may limit streamlined care in non-academic settings.

S W O T

Opportunity

- Further integrate genomic platforms into all hospital levels via national digital health reforms.
- Leverage AI tools and centralized biobanks to enhance real-time cancer diagnostics.

Threats

- Infrastructure strain due to rising cancer incidence and aging population.
- Dependency on advanced tech requires ongoing investment to avoid stagnation.

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.

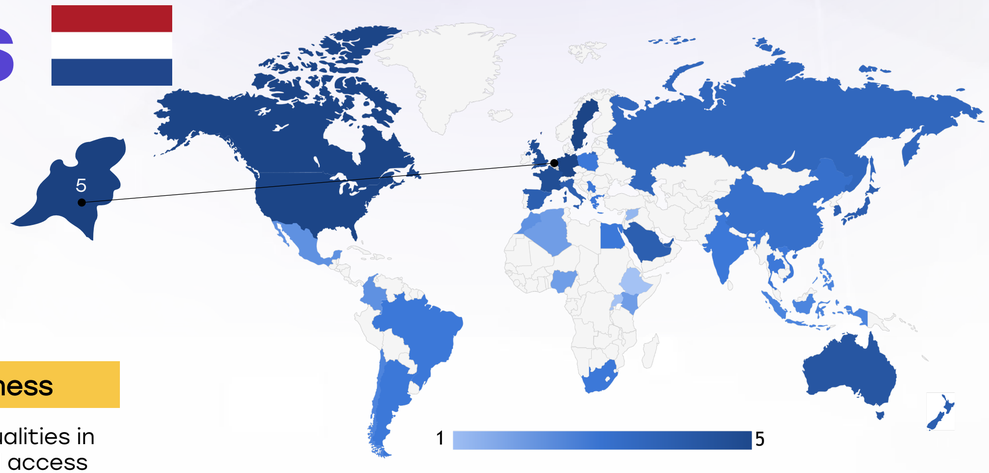
1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

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

Netherlands

Treatment Access, Research Funding and Awareness Campaigns



Strengths

- 90% of patients receive timely cancer treatment with full reimbursement for targeted therapies and immunotherapies.
- Annual research funding exceeds €160 million, supporting 500+ clinical trials and national awareness campaigns.

Weakness

- Some inequalities in clinical trial access between urban and rural hospitals.
- Certain HER2-low or rare subtypes may still experience slower uptake in community settings.

S W O T

Opportunity

- Broaden awareness beyond common subtypes and include emerging HER2-low biomarkers.
- Decentralize trial participation through digital platforms and satellite enrollment hubs.

Threats

- Cost pressures from rising volumes of expensive treatments may challenge long-term reimbursement models.
- Misinformation or reduced campaign funding could lower public engagement over time.

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.

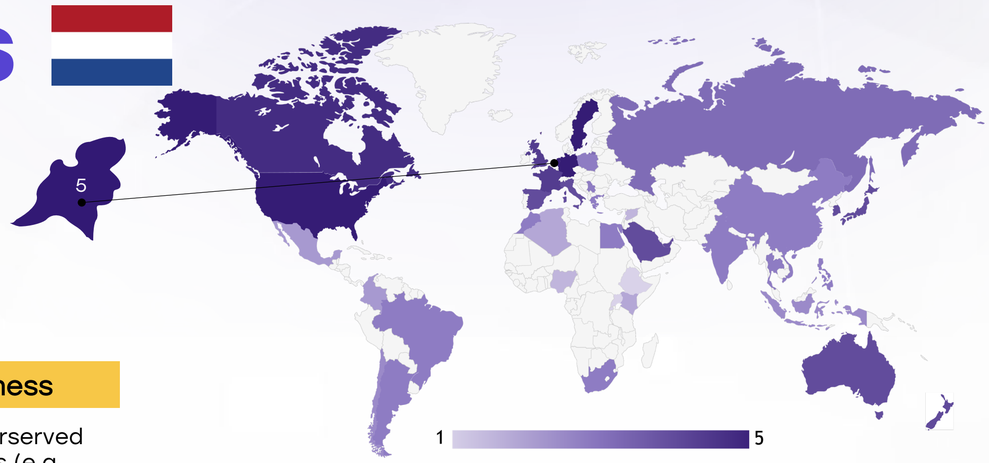
1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

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

Netherlands

Survival Rates, Early Detection and Palliative Care



Strengths

- Five-year survival exceeds 65%; mortality reduced by 30% through national screening and timely interventions.
- 90% of cancer patients have access to structured palliative care, including hospice, home-based, and psychological support.

Weakness

- Some underserved populations (e.g. migrants, rural elderly) may face barriers in accessing early detection or palliative services.
- Pressure on palliative care services due to staff shortages and rising demand.

S W O T

Opportunity

- Expand digital palliative care models and integrate survivorship support in primary care.
- Tailor awareness and early detection programs to multicultural and lower-income communities.

Threats

- Workforce burnout could reduce quality of both curative and end-of-life services.
- Future reductions in screening participation may reverse current mortality gains.

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.

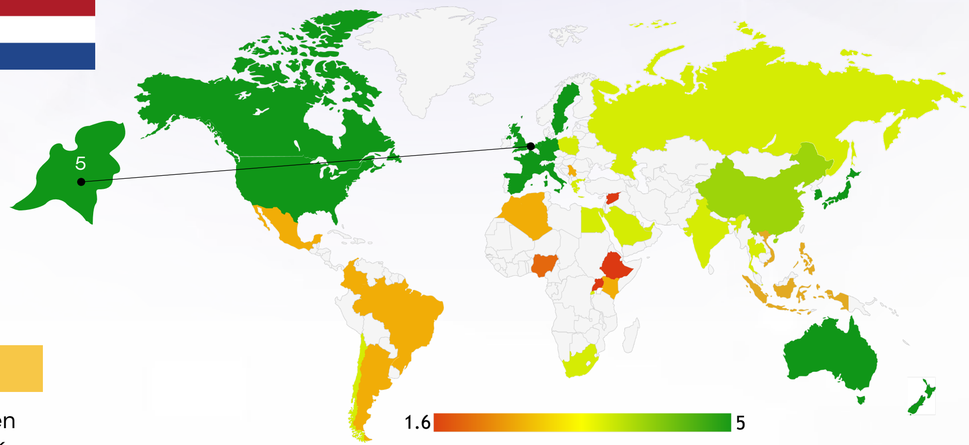
1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

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

Netherlands

Utilization of Biomarkers



Strengths

- Biomarker testing (HER2, ER/PR, BRCA1/2) is universally integrated into clinical protocols and fully reimbursed.
- Precision oncology is nationally implemented, including liquid biopsy and WGS in advanced cancer via Hartwig Foundation.

Weakness

- BRCA testing often limited to high-risk individuals; not yet part of broad population screening.
- Implementation in community hospitals may lag behind academic centers for newer biomarker-driven therapies.

S W O T

Opportunity

- Expand access to NGS and BRCA testing for intermediate-risk populations.
- Improve biomarker literacy among primary care and general oncology staff to support early referral.

Threats

- Rapid test innovation may outpace national rollout and reimbursement timelines.
- Uneven access to cutting-edge diagnostics between high- and low-volume hospitals.

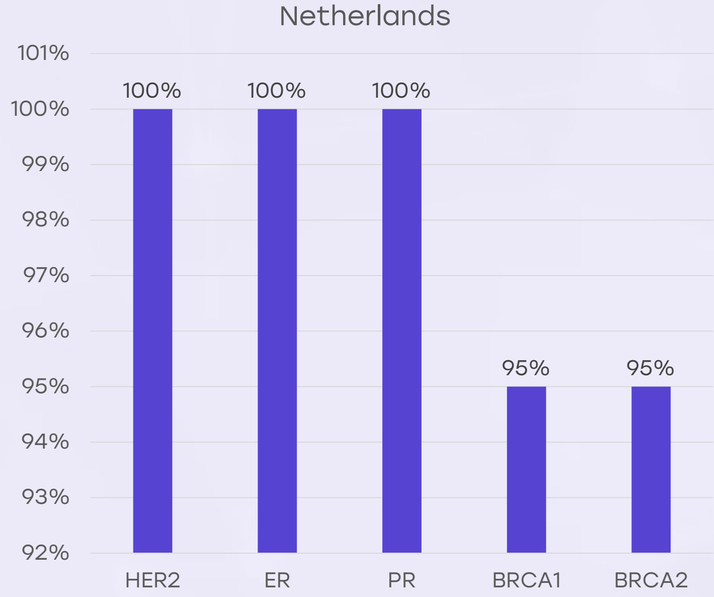
5. 80% Biomarker testing is widely available and routinely performed as part of standard clinical practice. Strong integration into treatment decisions, with national coverage and reimbursement ensuring accessibility.

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.

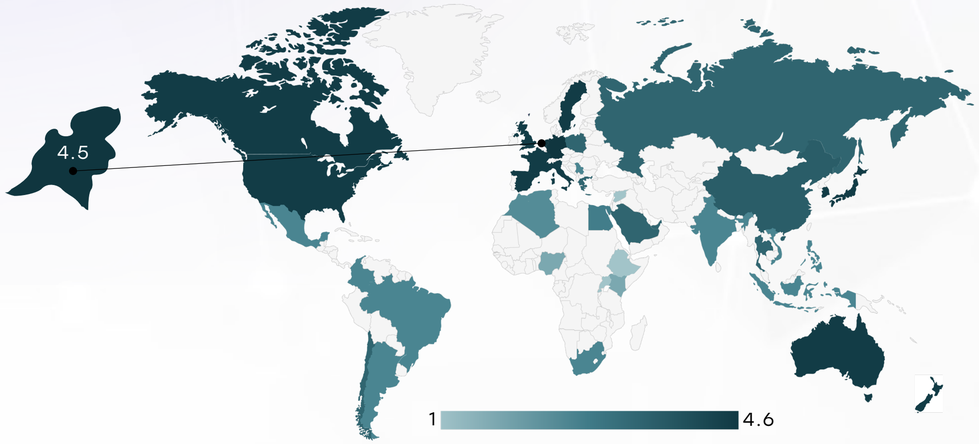
1. <20% Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.



International Cancer Patient Coalition

Netherlands

Clinical Guidelines



Strengths

- Fully aligned with ESMO and NCCN; regularly updated and integrated into electronic health records.
- Supported by tumor boards and national training programs to ensure guideline compliance.

Weakness

- Smaller hospitals may have delayed implementation of the latest updates.
- Adherence to HER2-low emerging protocols may be inconsistent outside academic settings.

S W O T

Opportunity

- Enhance CME tools to improve uptake of new HER2-specific recommendations.
- Pilot AI-supported clinical decision systems to standardize guideline-based care.

Threats

- Complex cases or comorbidities may fall outside rigid guideline algorithms.
- Budget constraints in smaller hospitals may deprioritize rapid integration of updates.

	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

Netherlands

Reimbursement

Strengths

- Universal health insurance covers >95% of Dutch residents, ensuring reimbursement for diagnostics, therapies, and palliative care.
- Full public funding for HER2-targeted therapies, genomic testing, and advanced treatments like T-DXd and NGS.

Weakness

- Reimbursement timelines for newly approved therapies can vary depending on cost-effectiveness reviews.
- Reimbursement for rare biomarkers and off-label use may still face administrative hurdles.

S W O T

Opportunity

- Expand coverage to newer agents and HER2-low indications through adaptive pricing models.
- Strengthen real-world evidence collection to support faster reimbursement approvals.

Threats

- Long-term sustainability may be challenged by rising therapy costs and multi-line treatment combinations.
- Over-centralization of reimbursement decisions may delay localized innovation.

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.

O 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	O
Morocco	O	✖
Algeria	O	✖
Ethiopia	✖	✖
India	O	✖
Japan	O	O
South Korea	O	O
China	O	O
Thailand	O	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	O
Mexico	O	✖
Brazil	O	✖
Argentina	O	✖
Chile	O	O
Colombia	O	✖
United States	O	O
Canada	O	O
Australia	O	O
New Zealand	O	O
Greece	O	O
Rwanda	✖	✖
Uganda	✖	✖
Serbia	O	O
Saudi Arabia	O	O
UAE	O	O
Syria	O	O
Indonesia	O	O
Vietnam	✖	✖
Philippines	✖	✖
Russia	O	O

International Cancer Patient Coalition

Netherlands

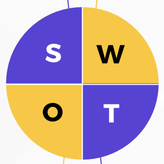
Breast Cancer Screening

Strengths

- Government-funded biennial mammography program with >75% participation and AI-assisted detection.
- Screening linked to a 30% mortality reduction and aligned with WHO/ESMO standards.

Weakness

- Some subgroups (e.g. younger high-risk women, ethnic minorities) have lower participation.
- Limited inclusion of personalized risk-based models in national screening protocols.



Opportunity

- Integrate BRCA1/2 carriers and other high-risk individuals into early-start, tailored screening.
- Leverage AI tools and mobile units to expand reach to harder-to-access populations.

Threats

- Future healthcare system strain or reduced outreach funding may lower participation.
- Delayed adaptation to risk-stratified models could hinder personalized prevention.

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)