

# 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.

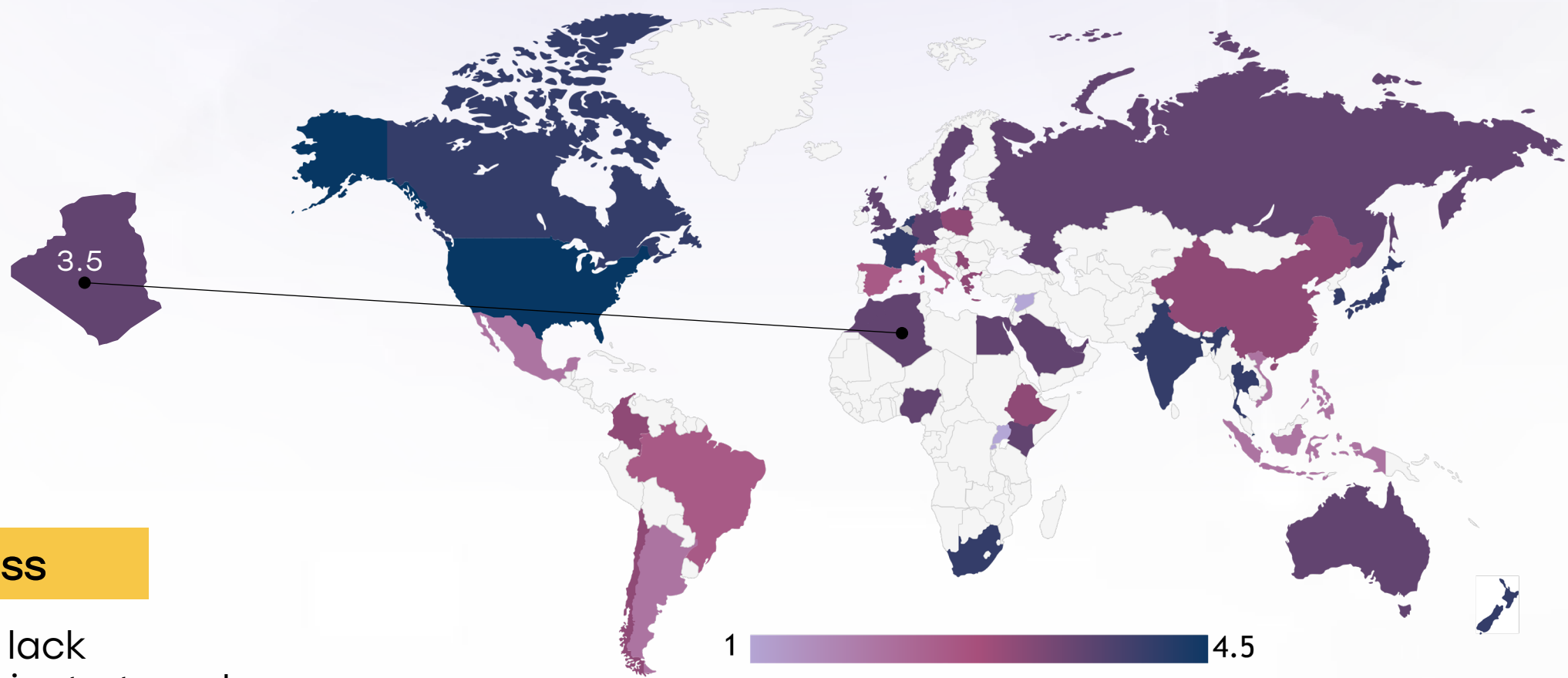
- Breast cancer incidence: 41.3% of all new cancer cases in females.
- Incidence rate: 55.8 per 100,000 women.
- Total cases (2020): Approximately 14,601 new cases reported.
- 5-year prevalence rate: 179.2 per 100,000 women.
- Breast cancer deaths (2020): Approximately 3,465 deaths, accounting for 1.87% of total deaths.
- Age at diagnosis: Median age of 47 years.
- Tumor characteristics: Mean tumor size at diagnosis is 3.6 cm; high frequency of axillary lymph node metastases at diagnosis (approximately 64.6%).



# Algeria

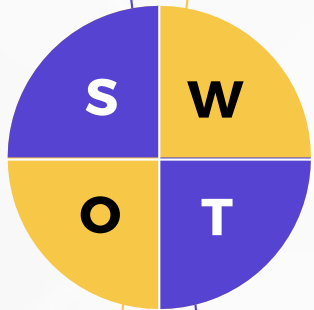


## Infrastructure



### Strengths

- 22 Anti-Cancer Centers (ACCs) with multidisciplinary teams in major cities.
- HER2, ER, PR, and some BRCA testing available in leading hospitals.



### Weakness

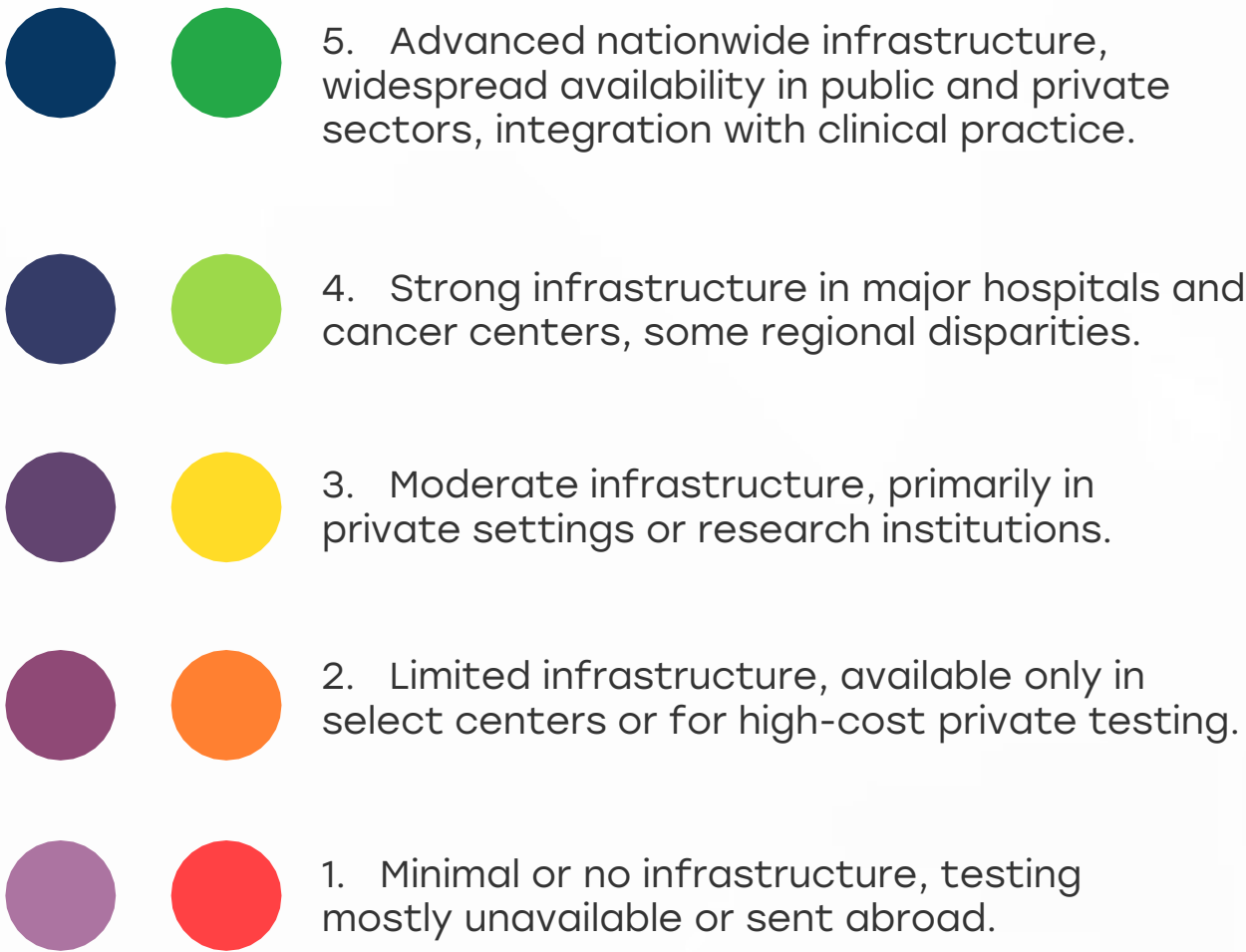
- Rural areas lack access; patients travel long distances for diagnostics.
- Equipment shortages and uneven distribution hinder timely care.



















































































### Opportunity

- Expand tele-oncology and mobile diagnostics to reach underserved regions.
- Scale up regional pathology labs and integrate newer testing technologies.

### Threats

- Urban-rural disparities risk widening if infrastructure investment slows.
- Persistent equipment delays could undermine patient outcomes.

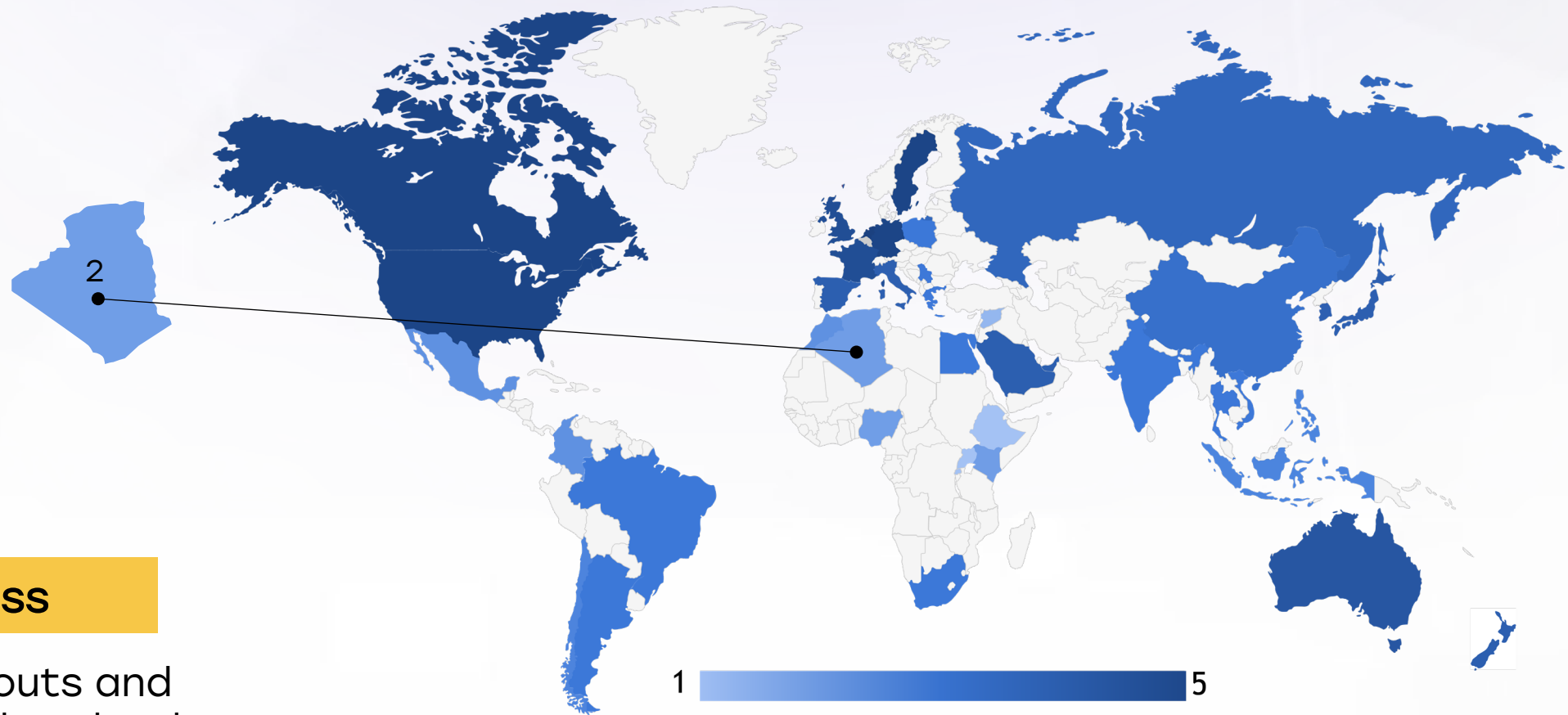


Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil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

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## Treatment Access, Research Funding and Awareness Campaigns



### Strengths

- Trastuzumab and pertuzumab reimbursed and included in treatment protocols.
- Participation in international trials and October awareness campaigns ongoing.

### Weakness

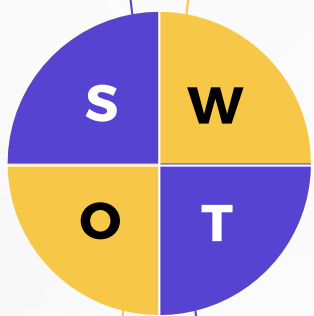
- Drug stockouts and logistics delays lead to interrupted treatment cycles.
- Research funding under 1% of total healthcare budget; awareness is episodic.

### Opportunity

- Introduce centralized inventory systems and promote biosimilars.
- Institutionalize year-round education campaigns beyond “Pink October”.

### Threats

- Limited adoption of new HER2 drugs in public hospitals due to costs.
- Fragmented research efforts rely heavily on external support.



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.

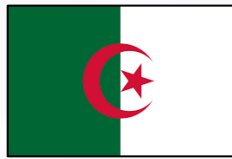


1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

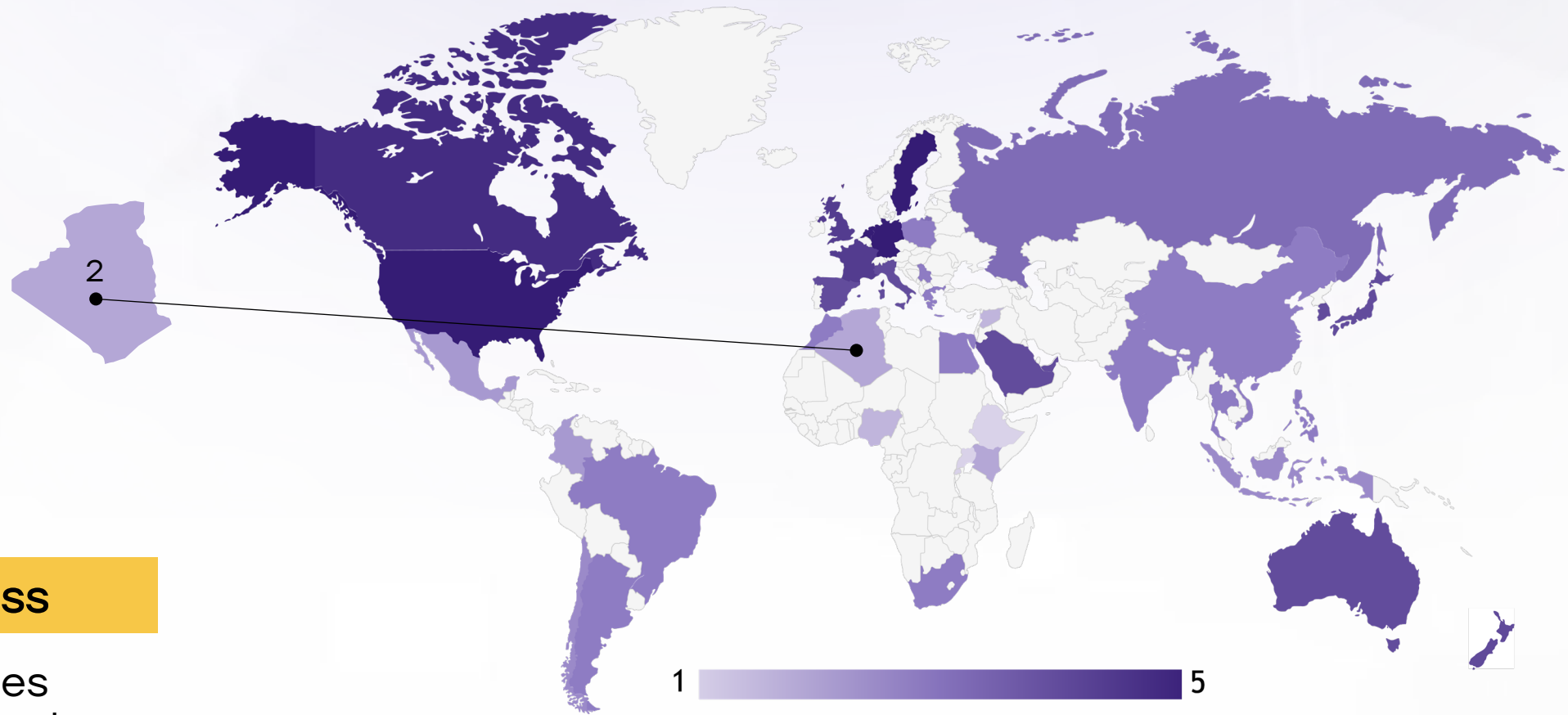
Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa			
Kenya			
Nigeria			
Egypt			
Morocco			
Algeria			
Ethiopia			
India			
Japan			
South Korea			
China			
Thailand			
Singapore			
United Kingdom			
Germany			
France			
Netherlands			
Sweden			
Italy			
Spain			
Poland			
Mexico			
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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## Survival Rates, Early Detection and Palliative Care



### Strengths

- HER2 testing integrated into diagnostic workup in major centers.
- Palliative care recognized in national cancer strategy.

### Weakness

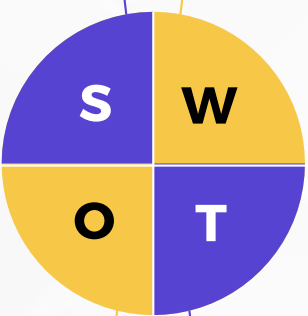
- 60% of cases diagnosed at late stage; 5-year survival ~60%.
- Only two dedicated palliative units; pain management is underutilized.

### Opportunity

- Launch national screening programs using mobile units.
- Train general practitioners in early detection and palliative principles.

### Threats

- Lack of structured screening leads to late-stage diagnoses.
- Regulatory barriers limit opioid access and end-of-life care equity.



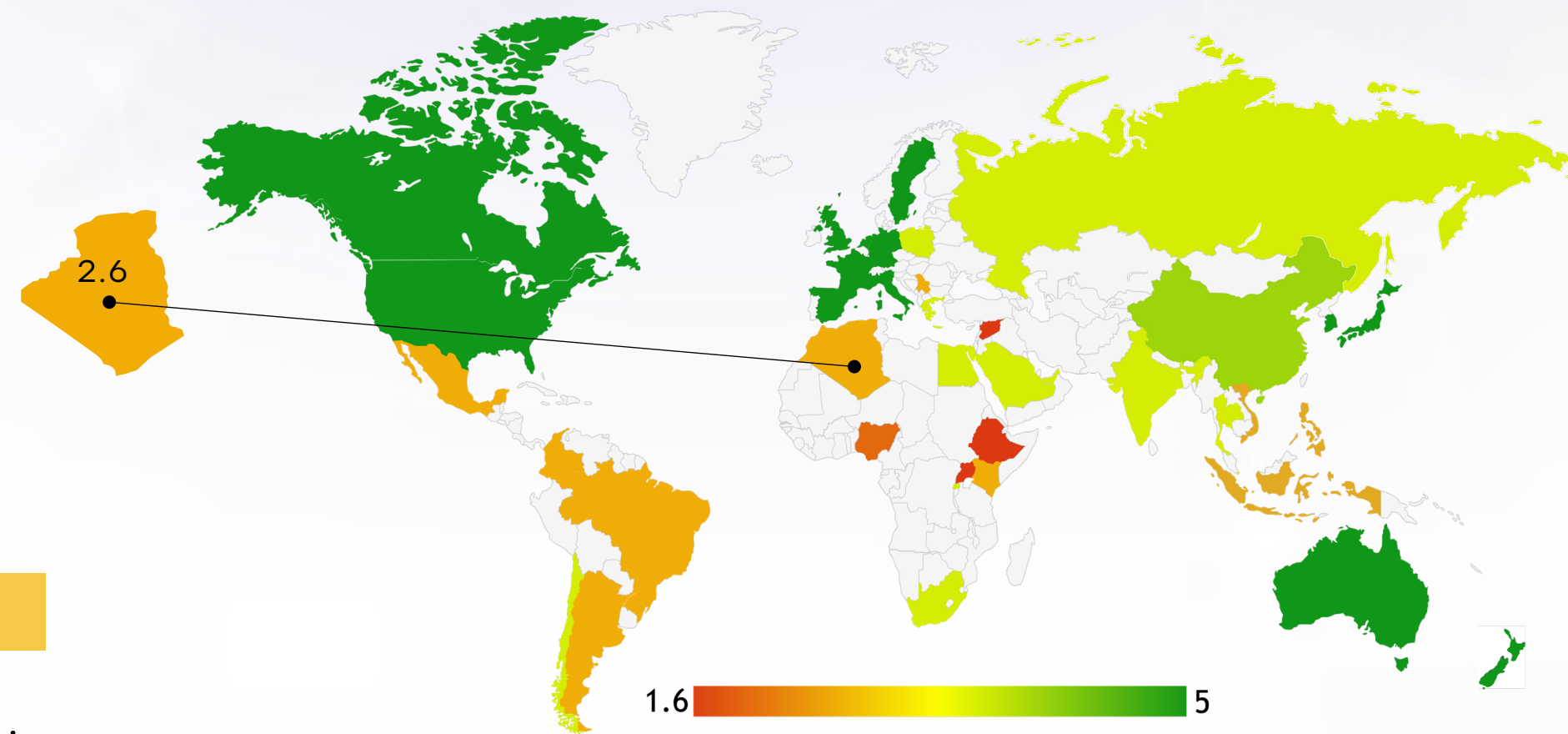
5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative 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			
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			
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Indonesia			
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Russia			

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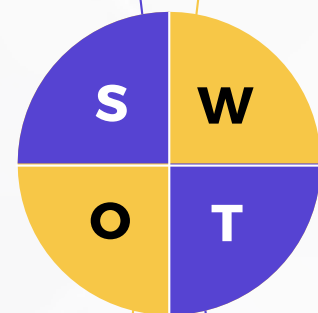


## Utilization of Biomarkers



### Strengths

- HER2, ER, PR routinely tested and reimbursed in public centers.
- HER2 testing standardized and widely adopted in treatment planning.



### Weakness

- BRCA, PD-L1, and advanced genomic tests are scarce and not reimbursed.
- Long turnaround times in rural areas due to lab shortages.

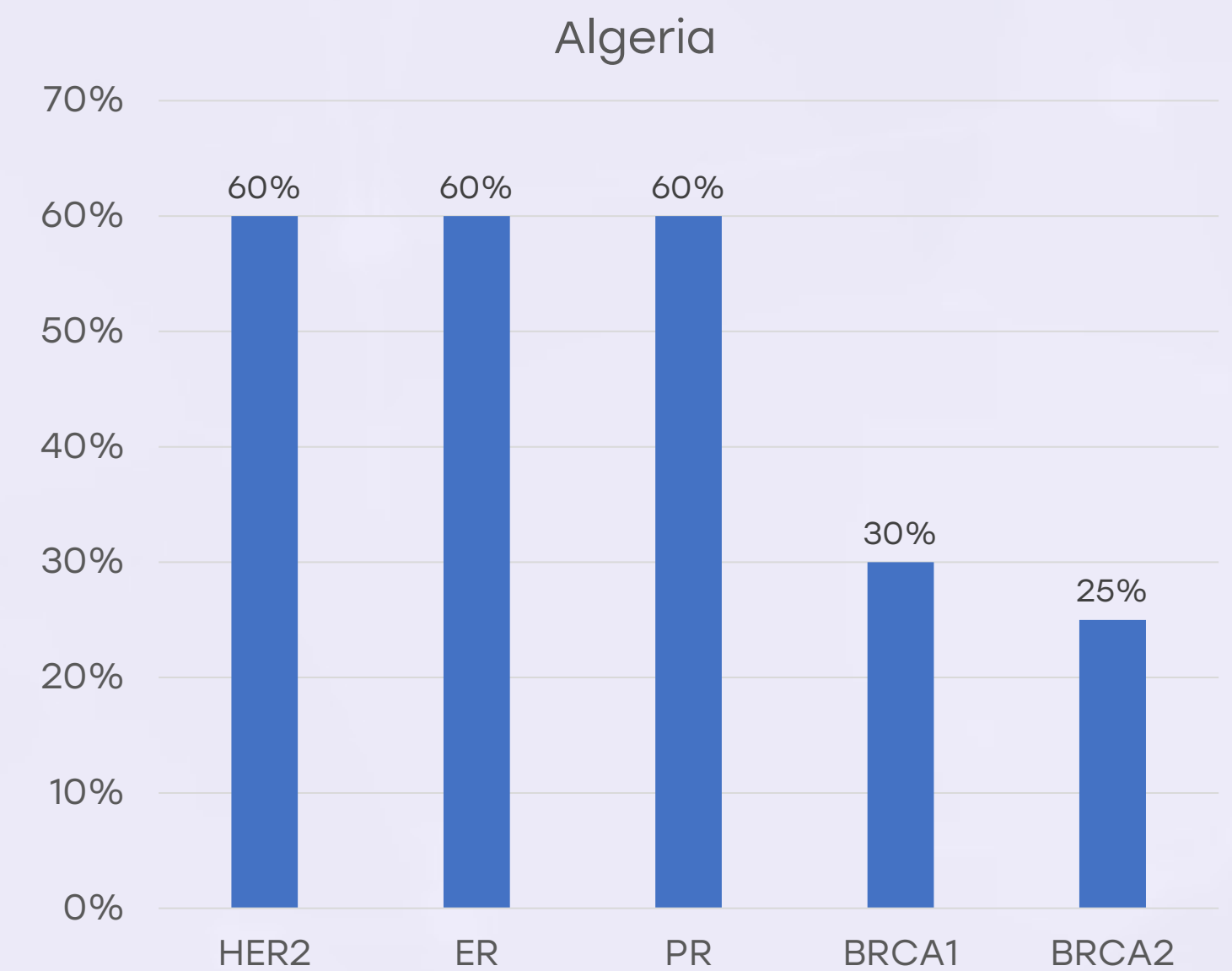
### Opportunity

- Decentralize pathology services and introduce subsidized genetic testing.
- Expand biomarker portfolio to support personalized oncology.

### Threats

- Financial barriers push patients to pay privately or forgo testing.
- Inconsistent test quality risks delayed or inaccurate treatment.

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 guidelines exist and largely follow ESMO/NCCN standards.
- HER2-positive protocols include trastuzumab and pertuzumab indications.

### Weakness

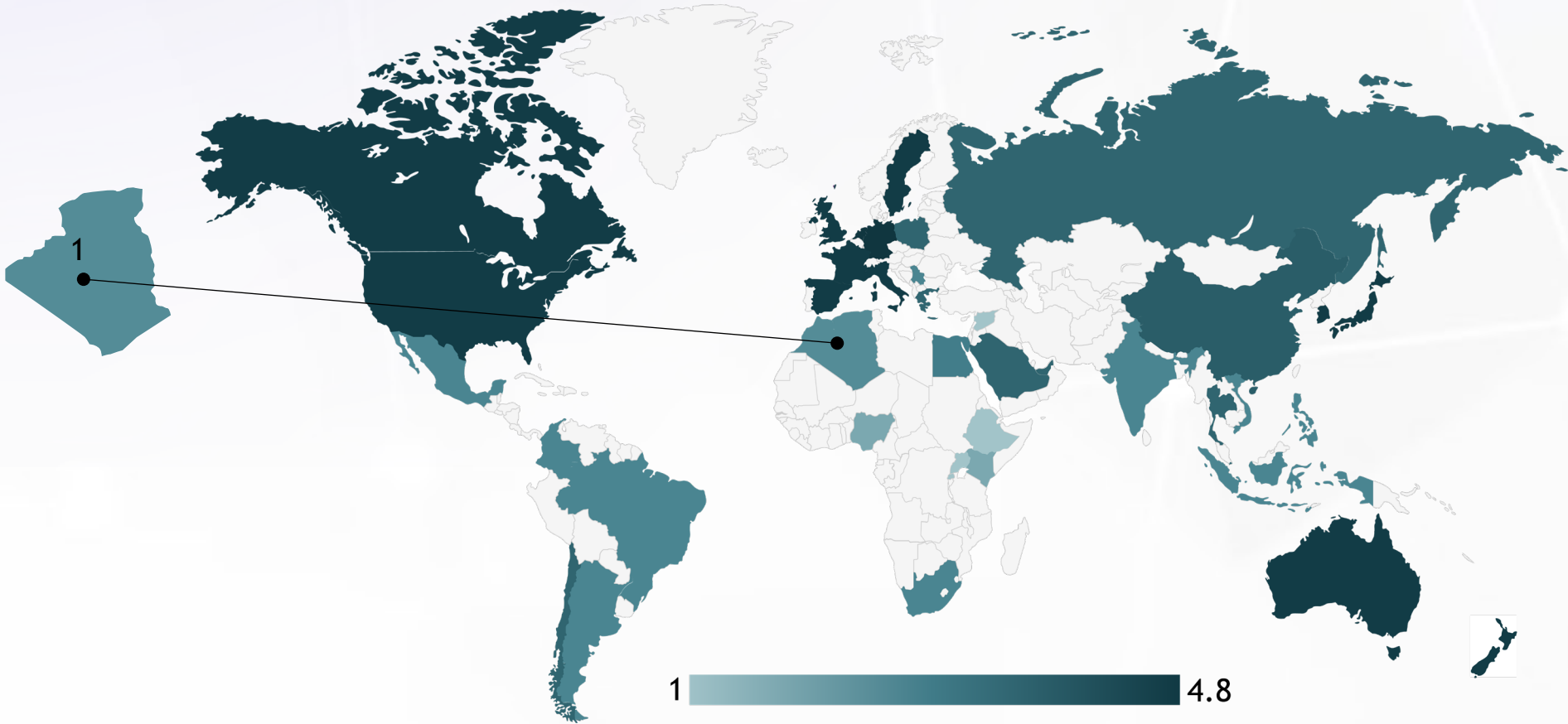
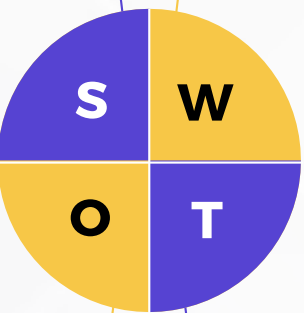
- Not uniformly updated or enforced, especially in peripheral hospitals.
- Limited physician adherence due to training gaps and drug availability.

### Opportunity

- Regularly update guidelines to include HER2-low and new therapies.
- Boost training and dissemination, especially in non-urban centers.

### Threats

- Variability in care quality if guidelines remain inconsistently applied.
- Slow guideline adaptation may delay uptake of emerging therapies.



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

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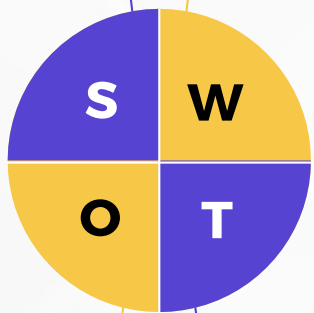


## Reimbursement



### Strengths

- Public insurance covers most treatment, including anti-HER2 drugs.
- Universal healthcare system in principle protects 90–98% of citizens.



### Weakness

- Diagnostics like BRCA and imaging often require out-of-pocket payments.
- Rural patients face added travel costs and logistical burdens.

### Opportunity

- Extend reimbursement to include full diagnostic and treatment pathways.
- Expand local production (e.g., biosimilars) to reduce system costs.

### Threats

- Budget constraints may hinder access to newer therapies.
- Unequal reimbursement contributes to socioeconomic disparities in care.



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	○	◐



# Algeria



## Breast Cancer Screening

### Strengths

- Opportunistic screening programs and mobile mammography exist.
- Pink October campaigns raise national awareness.

### Weakness

- No formal national screening program; participation <30%.
- Screening efforts remain fragmented and mostly urban.

### Opportunity

- Implement structured, age-targeted screening starting in urban centers.
- Engage community leaders to reduce stigma and promote participation.

### Threats

- Cultural barriers and low health literacy may hinder screening uptake.
- Lack of radiologists and imaging infrastructure limits scalability.

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)