

South Korea



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: Approximately 22,000 new cases annually, accounting for a significant proportion of all female cancers.
- Incidence rate: Approximately 52.1 per 100,000 women per year.
- Total cases (2022): Approximately 22,000 reported cases.
- Lifetime risk in South Korea: Approximately 1 in 15 women.
- Daily diagnoses (2022): Approximately 60 women per day.
- Breast cancer deaths (2023): Approximately 2,500 deaths.
- 5-year survival rate: Approximately 93.6%.
- 10-year survival rate: Approximately 80.5%.
- Most affected age group: Women aged 40 to 49 years.
- Mammogram detection: Approximately 182.1 cases detected per 100,000 participants.
- Screening participation (ages 50-69): Approximately >75% of invited women participated in the breast cancer screening program.



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Infrastructure

Strengths

- Advanced national cancer infrastructure with integration of NGS, HER2, and BRCA testing in major hospitals.
- Public-private collaboration ensures broad geographic coverage and access to high-quality care.

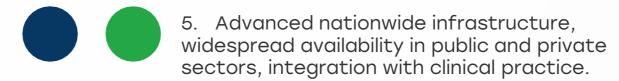
Opportunity

- Expand telemedicine and mobile units to bring diagnostics and followup care closer to rural patients.
- Strengthen regional cancer centers with oncology specialists and modern equipment.

Weakness

- Rural and remote areas still face shortages of oncologists and limited access to advanced diagnostics.
- Patients from underserved regions often need to travel to major cities for comprehensive treatment.

- Rising breast cancer incidence could overburden centralized cancer centers and delay care.
- Workforce shortages in regional hospitals could exacerbate inequality in infrastructure access.



- 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	0	<u> </u>
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India	<u> </u>	<u> </u>
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
Germany		
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Netherlands		
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Italy		
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Poland	<u> </u>	<u> </u>
Mexico		
Brazil	<u> </u>	<u> </u>
Argentina	<u> </u>	<u> </u>
Chile	<u> </u>	<u> </u>
Colombia		
United States		
Canada		
Australia		0
New Zealand	0	0
Greece	0	0
Rwanda		
Uganda		
Serbia	0	0
Saudi Arabia	0	0
UAE	<u> </u>	
Syria		
Indonesia		
Vietnam		
Philippines		
Russia		



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Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Universal health insurance with 95% reimbursement rate for cancer treatments, including HER2targeted therapies.
- Over \$350M annual investment in cancer research supports innovation in genomics and precision oncology.

Opportunity

- Promote clinical trial participation for HER2-low and resistant cases to ensure early access to innovations.
- Increase funding for realworld data studies and treatment optimization in Korean subpopulations.

Weakness

- HTA and pricing negotiations may delay patient access to newly approved drugs like T-DXd.
- Limited awareness of newest HER2 protocols among community-level oncologists.

- Fast-evolving treatment landscape may challenge sustainability of current reimbursement models.
- Global drug shortages or pricing disputes could disrupt access to key therapies.

- 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.

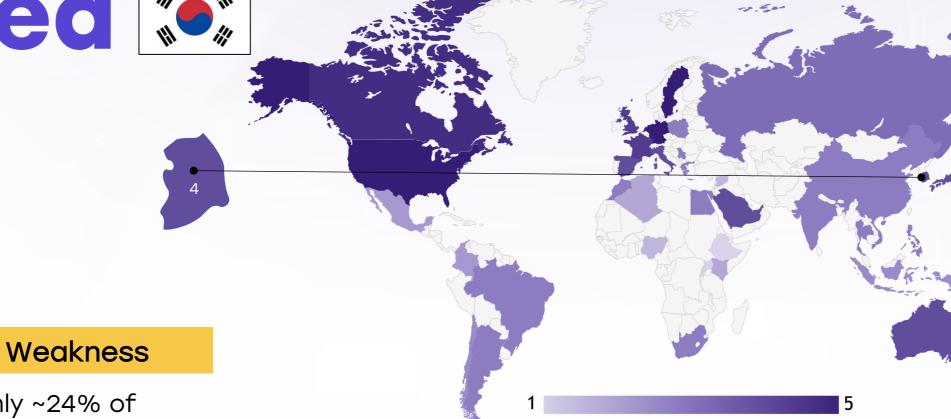
Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa	0	<u> </u>	0
Kenya			
Nigeria			
Egypt	0	0	0
Morocco			0
Algeria			
Ethiopia			
India	0	0	<u> </u>
Japan		0	0
South Korea			
China	<u> </u>	0	<u> </u>
Thailand	<u> </u>	<u> </u>	<u> </u>
Singapore			
United Kingdom			
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Netherlands			
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Italy			
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Poland			
Mexico			<u> </u>
Brazil			<u> </u>
Argentina			
Chile			
Colombia			<u> </u>
United States			
Canada			
Australia	0	0	
New Zealand	0	0	0
Greece	<u> </u>	<u> </u>	<u> </u>
Rwanda			
Uganda			
Serbia	<u> </u>	<u> </u>	<u> </u>
Saudi Arabia		<u> </u>	
UAE			
Syria			
Indonesia			0
Vietnam			<u> </u>
Philippines	0	0	0
Russia			



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Survival Rates, Early **Detection** and Palliative Care



Strengths

- 5-year survival rate of 93.6%, among the highest in Asia, due to effective early detection and therapy.
- National policy integrates hospice and palliative care under NHIS, with expanding home-based care options.

Opportunity

- Improve palliative care coverage through home-based models and caregiver training programs.
- Expand screening participation in women aged 70+ and ensure continuity postpandemic.

- Only ~24% of terminal cancer patients access hospice services despite coverage.
- Geographic disparities persist in palliative care access, particularly in rural or aging communities.

- Aging population will increase demand for end-of-life care, straining current capacity.
- Societal stigma around death and palliative care may limit uptake of available services.

- 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-oflife 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	<u> </u>	<u> </u>	0
Kenya			0
Nigeria			
Egypt	<u> </u>	0	<u> </u>
Morocco	0	<u> </u>	<u> </u>
Algeria			
Ethiopia			
India	0	0	<u> </u>
Japan	0	0	0
South Korea		0	0
China	<u> </u>	<u> </u>	0
Thailand	0	0	<u> </u>
Singapore			0
United Kingdom			0
Germany			
France	0		0
Netherlands			
Sweden			
Italy			
Spain			
Poland	<u> </u>	<u> </u>	<u> </u>
Mexico		<u> </u>	0
Brazil	<u> </u>	<u> </u>	<u> </u>
Argentina			
Chile			
Colombia			
United States			
Canada			0
Australia			
New Zealand			
Greece			
Rwanda			
Uganda			
Serbia		<u> </u>	
Saudi Arabia			
UAE			
Syria			
Indonesia		<u> </u>	
Vietnam		<u> </u>	
Philippines		<u> </u>	
Russia			



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Utilization of Biomarkers

Strengths

- 95% of breast cancer patients receive HER2, ER, and PR testing; reflex FISH testing for HER2 2+ is standard.
- BRCA testing is widely reimbursed for highrisk patients, with dedicated awareness and support initiatives.

Opportunity

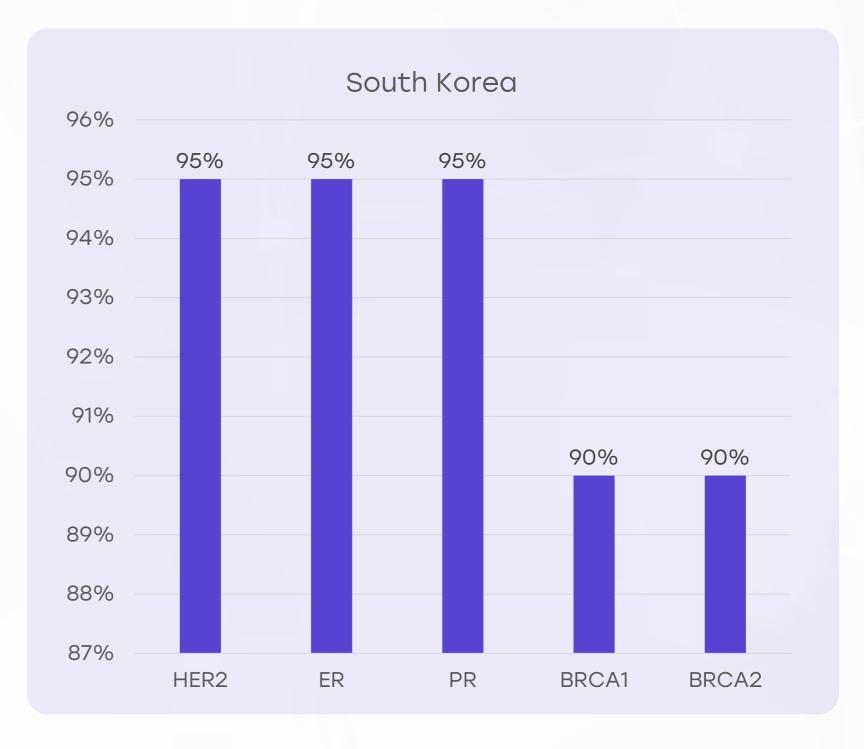
- Integrate HER2 mutations, TMB, and other novel biomarkers into clinical decisionmaking.
- Expand quality assurance programs for pathology labs to standardize HER2-low testing.

Weakness

- Inconsistent scoring of HER2-low IHC results between pathology labs affects treatment precision.
- Lack of routine education on emerging biomarkers outside academic centers.

- HER2 reproducibility issues may compromise eligibility for novel HER2-directed ADCs.
- Rapid expansion of biomarker panels could outpace training and regulatory alignment.

- 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.
 - <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

- Guidelines are aligned with ESMO/NCCN and rapidly updated to include new HER2 therapies like T-DXd.
- Strong compliance among major cancer centers, supported by professional societies and national registries.

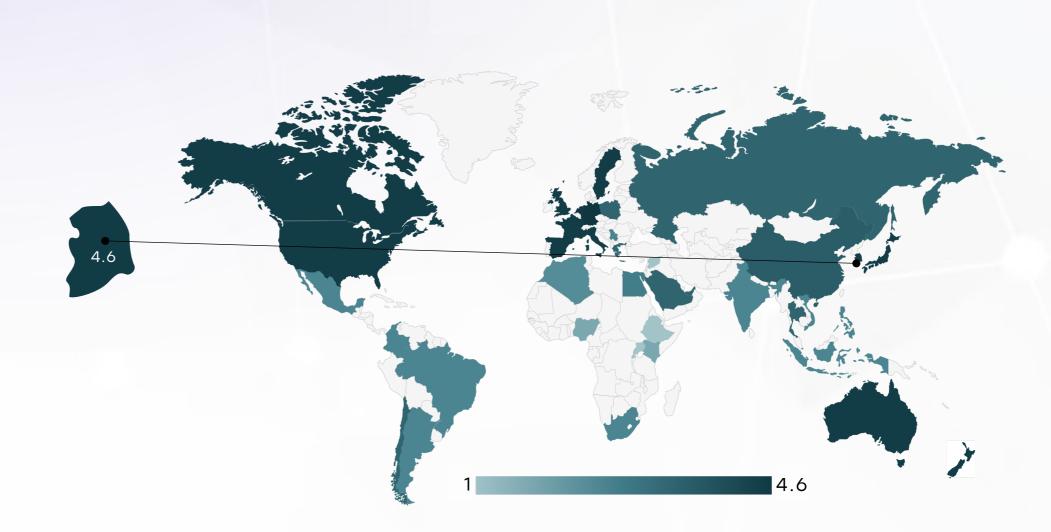
Opportunity

- Use AI and digital tools to support guidelinebased decision-making at all levels of care.
- Strengthen CME and regional workshops to expand access to guideline updates.

Weakness

- Non-academic hospitals may have slower uptake of updated HER2 guidelines.
- Primary care providers have limited exposure to HER2-specific clinical pathways.

- Physician burnout and limited training time may reduce engagement with evolving standards.
- Lag in uptake of updates could delay adoption of optimal HER2 therapies in smaller hospitals.



	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	0	×	*	×	*
Feasibility of Integration	0	*	*	×	*
Adoption of International Guidelines	0	*	*	*	*
Engagement with Updates	*	0	*	*	*
ESMO Guidelines Implementation	0	×	*	*	*



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Reimbursement

Strengths

- NHIS reimburses all essential HER2 therapies including T-DXd under Risk-Sharing Agreements.
- 5% co-payment cap and annual out-ofpocket limits ensure affordability for nearly all patients.

Opportunity

- Expand outcome-based RSAs and pharmacoeconomic assessments for future HER2 agents.
- Include HER2-low retesting and diagnostics in reimbursement policies.

Weakness

- High prices of nextgeneration ADCs pose long-term budget challenges.
- Time lag between global drug approval and NHIS reimbursement may delay access.

- Economic constraints or budget shifts could limit access to costly therapies in the future.
- Increased volume of eligible patients may strain current reimbursement structures.



- Yes A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or publicprivate 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	0	×
Kenya	×	×
Nigeria	×	×
Egypt	0	0
Morocco	0	×
Algeria	0	×
Ethiopia	×	×
India	0	×
Japan	0	0
South Korea	0	0
China	0	0
Thailand	0	0
Singapore	0	0
United Kingdom	0	0
Germany	0	0
France	0	0
Netherlands	0	0
Sweden	0	0
Italy	0	0
Spain	0	0
Poland	0	0
Mexico	0	×
Brazil	0	×
Argentina	0	×
Chile	0	0
Colombia	0	×
United States	0	0
Canada	0	0
Australia	0	0
New Zealand	0	0
Greece	0	0
Rwanda	×	×
Uganda	×	×
Serbia	0	0
Saudi Arabia	0	0
UAE	0	0
Syria	0	0
Indonesia	0	0
Vietnam	×	×
Philippines	×	×
Russia	0	0



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Breast Cancer Screening

Strengths

- 72% participation rate in biennial mammography under NCSP, supported by mobile units and outreach.
- Screening detects >65% of cancers at early stage, contributing to >93% survival rate.

Opportunity

- Pilot use of adjunct screening (e.g. ultrasound or MRI) for women with dense breasts.
- Enhance outreach through multilingual materials and culturally sensitive campaigns.

Weakness

- Lower screening participation among migrant, low-income, and less-educated women.
- Dense breast tissue in younger women may limit mammography sensitivity.

- Digital divide or limited access to supplemental screening tools could worsen inequalities.
- Over-reliance on mammography without updates for breast density may miss early cancers in some groups.

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)