

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

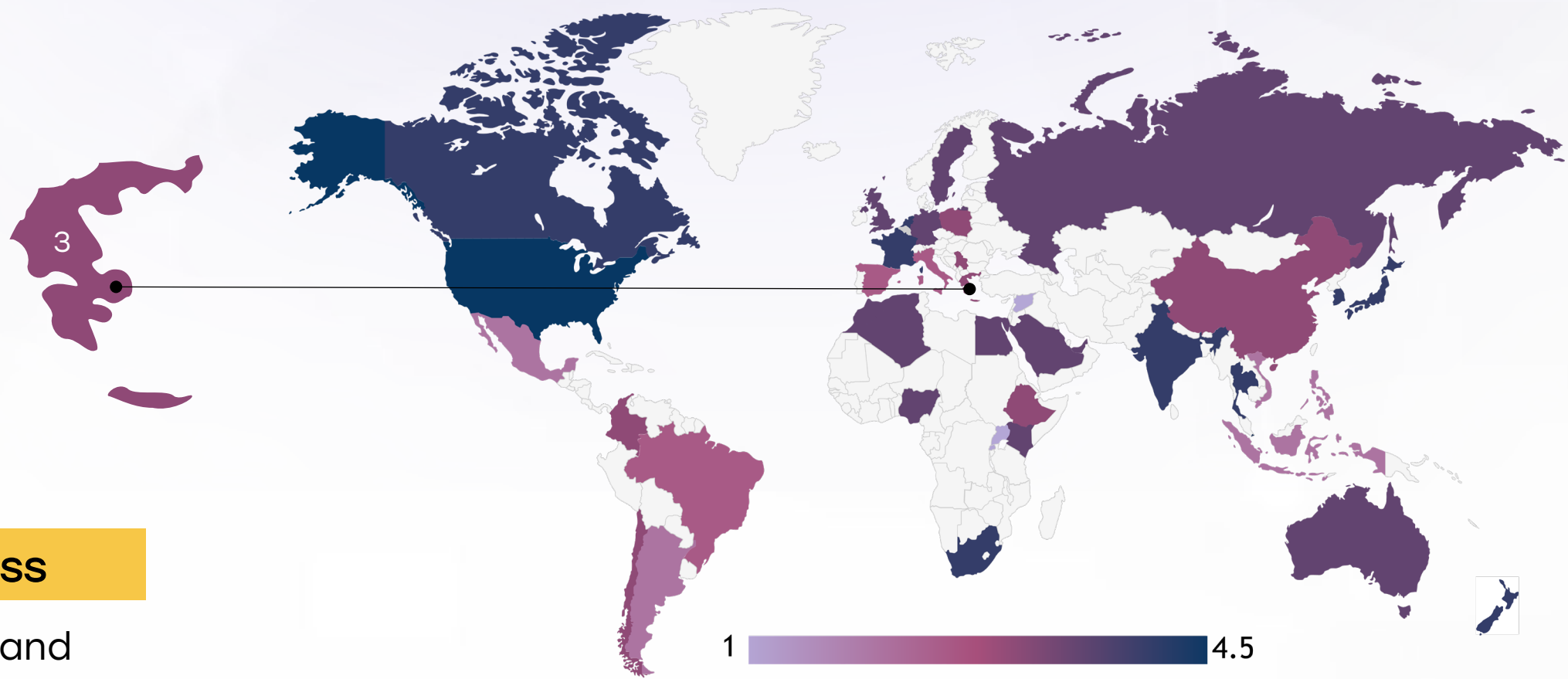
Breast cancer remains one of the most prevalent cancers worldwide, affecting millions of individuals each year. Despite advancements in diagnostics, treatment, and awareness, disparities in access to care, molecular testing, and specialized centers persist.

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.

- New Cases (2024): Approximately 21,194 people diagnosed (20,973 women, 221 men).
- Daily Diagnoses: Around 58 Australians diagnosed with breast cancer every day.
- Lifetime Risk: 1 in 7 women and 1 in 556 men will be diagnosed with breast cancer.
- Age Distribution: Most cases occur in women over 50.
- 5-Year Survival Rate: Improved from 79% (1991–1995) to 92% (2016–2020).
- Incidence Rate: Increased from 134 per 100,000 females (2000) to 149 per 100,000 (2024).
- Mortality (2022): Estimated 3,214 deaths (3,178 females, 36 males).
- Daily Deaths: Around 9 Australians die from breast cancer each day.
- Trends: Diagnoses have increased by 24% over the past decade.
- Risk by Age 85: 1 in 8 women and 1 in 668 men will develop breast cancer.

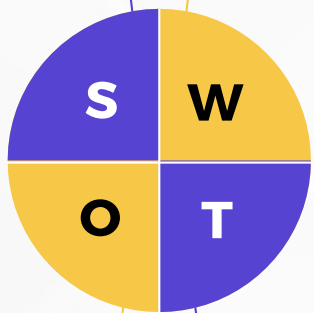
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Infrastructure



Strengths

- Specialized centers and oncology services available in major cities
- HER2, ER, PR, and BRCA testing accessible in public and private sectors



Weakness

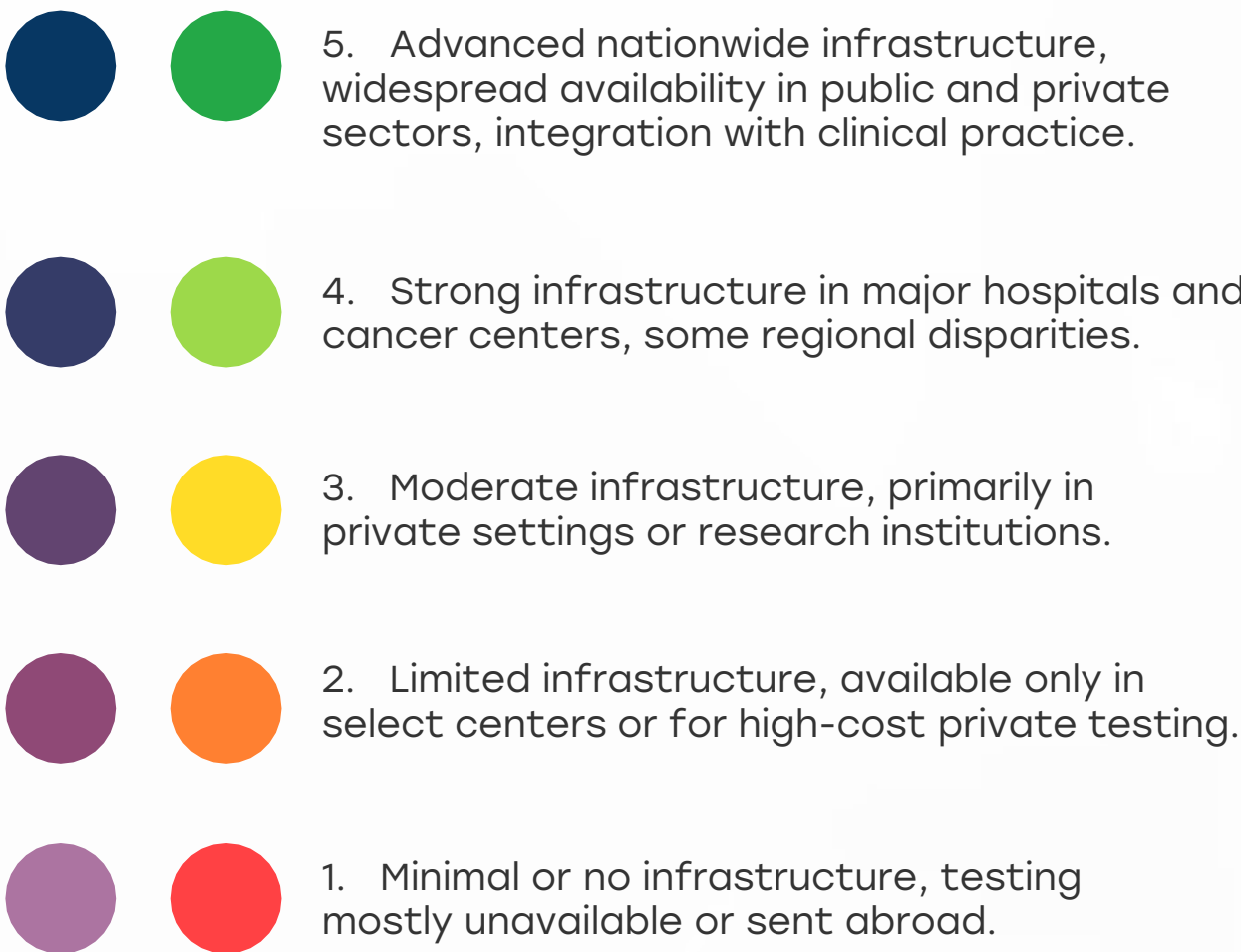
- Rural areas and islands face access limitations
- NGS available only in select institutions with limited reimbursement



















































































Opportunity

- Expand telemedicine and regional oncology networks
- Strengthen national genomic infrastructure with EU support

Threats

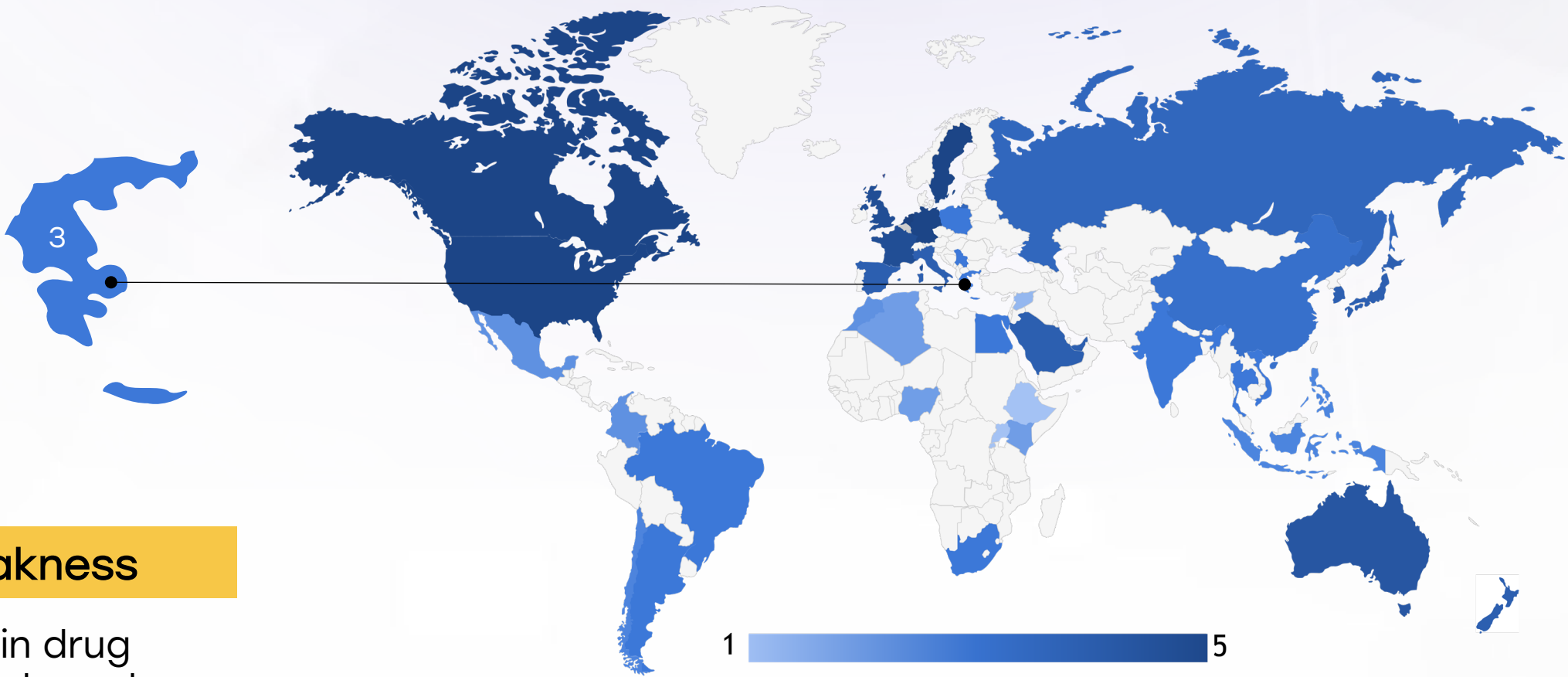
- Geographic disparities in access to care persist
- Financial barriers limit uptake of advanced diagnostics



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		

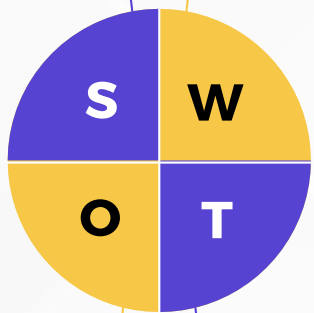
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Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Core treatments (surgery, chemo, radiotherapy) covered by public system
- Awareness campaigns supported by NGOs and patient groups



Weakness

- Delays in drug approvals and access to innovative therapies
- Research funding remains limited compared to Western Europe

Opportunity

- Improve public hospital access to new HER2 therapies
- Leverage EU programs to increase clinical trial participation

Threats

- Patients in public settings may face therapy inequalities
- Regional funding gaps could limit campaign reach and research output

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

- Breast cancer accounts for a high proportion of detected female cancers
- Urban centers offer strong diagnostic and treatment services

Weakness

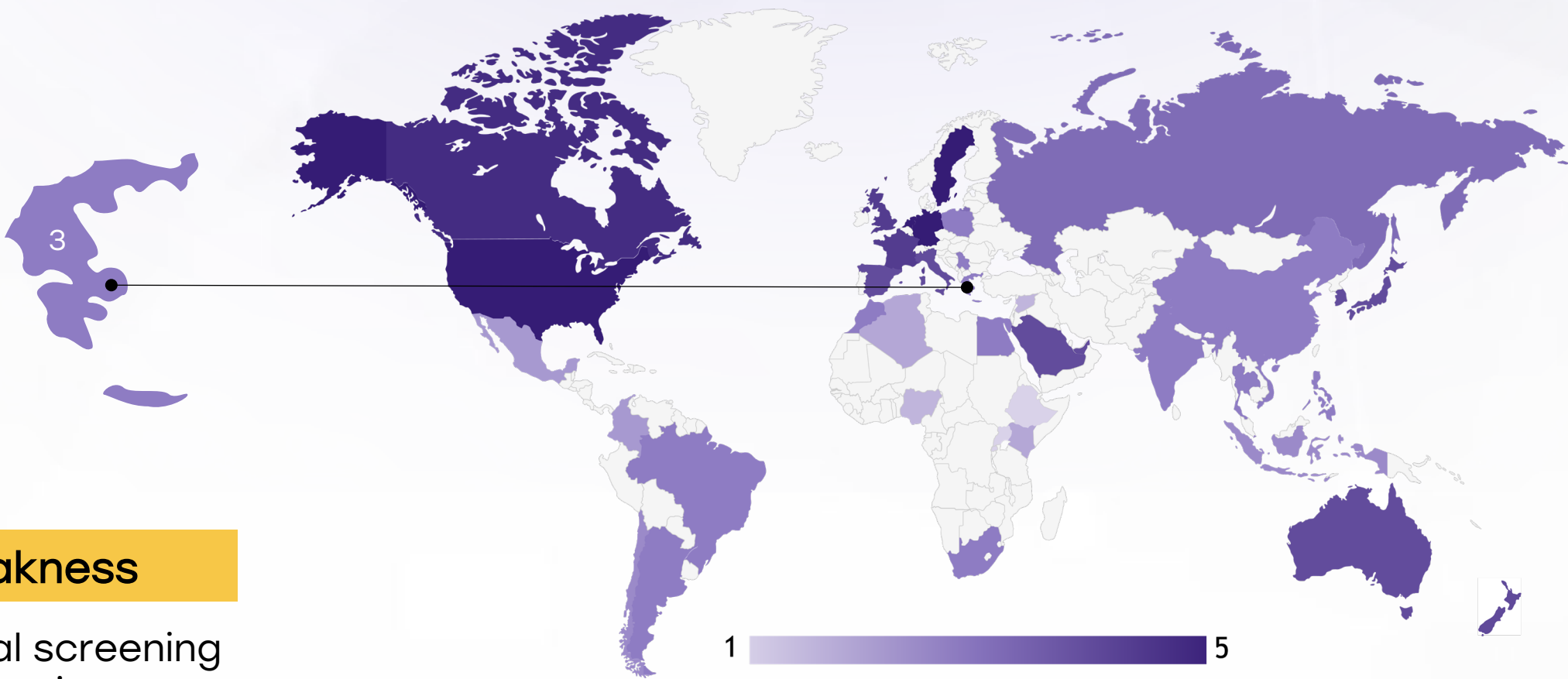
- National screening participation remains around 30–40%
- Limited access to palliative care outside major cities

Opportunity

- Boost mobile screening outreach and public education
- Expand home-based and community-supported palliative care models

Threats

- Late-stage diagnoses and uneven care may impact survival rates
- High reliance on families and NGOs for end-of-life support

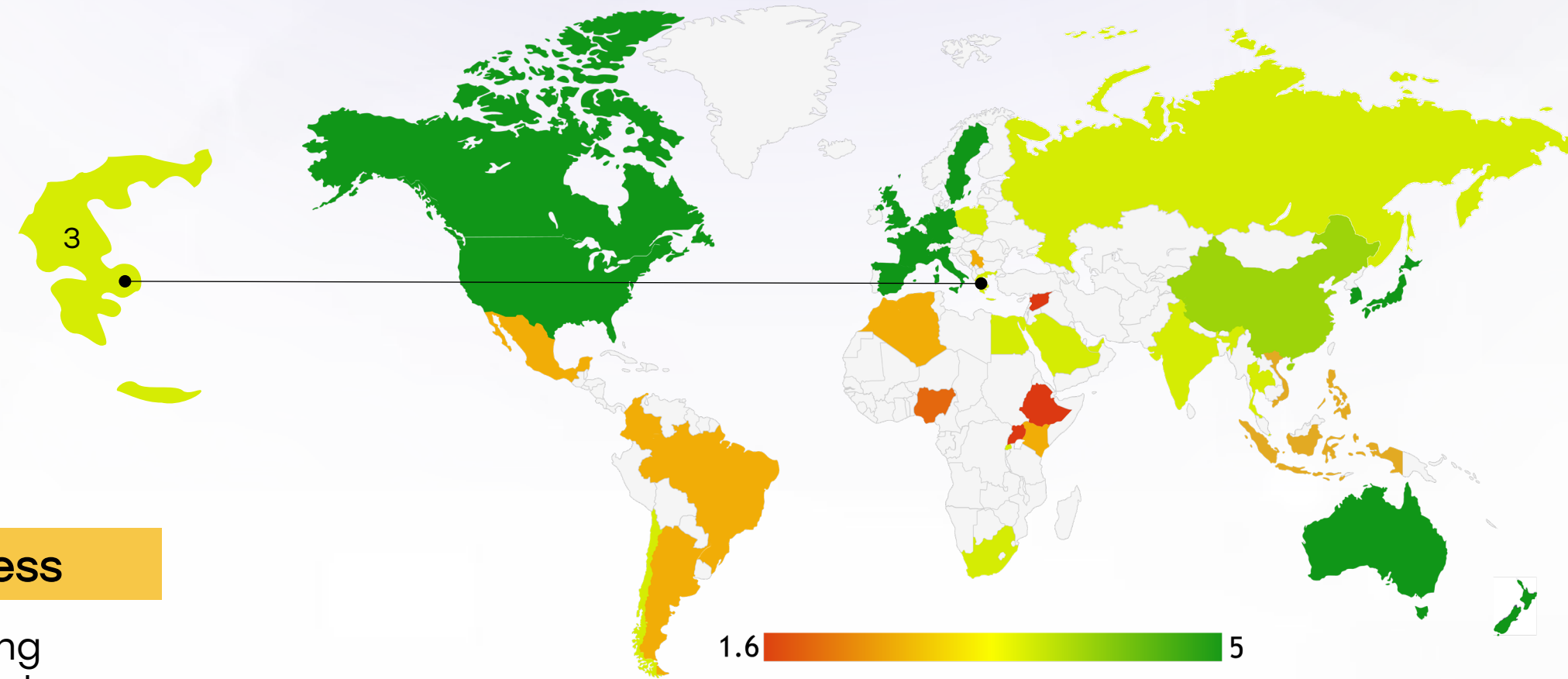


5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
4. Good survival rates, effective early detection efforts, and accessible but regionally limited palliative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

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Utilization of Biomarkers

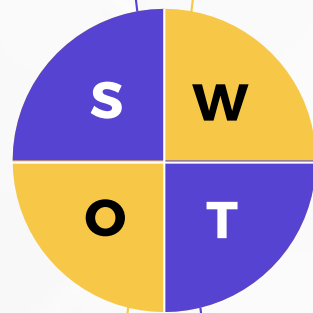


Strengths

- HER2, ER, and PR testing widely available in clinical practice
- Public hospitals integrate key biomarkers into routine care

Weakness

- BRCA testing underutilized, mainly in urban centers
- Lack of full reimbursement for genetic and molecular testing



Opportunity

- Expand BRCA testing for high-risk populations
- Standardize biomarker testing and reporting across institutions

Threats

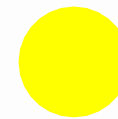
- Financial and geographic barriers limit access to full biomarker panels
- Inconsistent testing may delay precision treatment access



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.

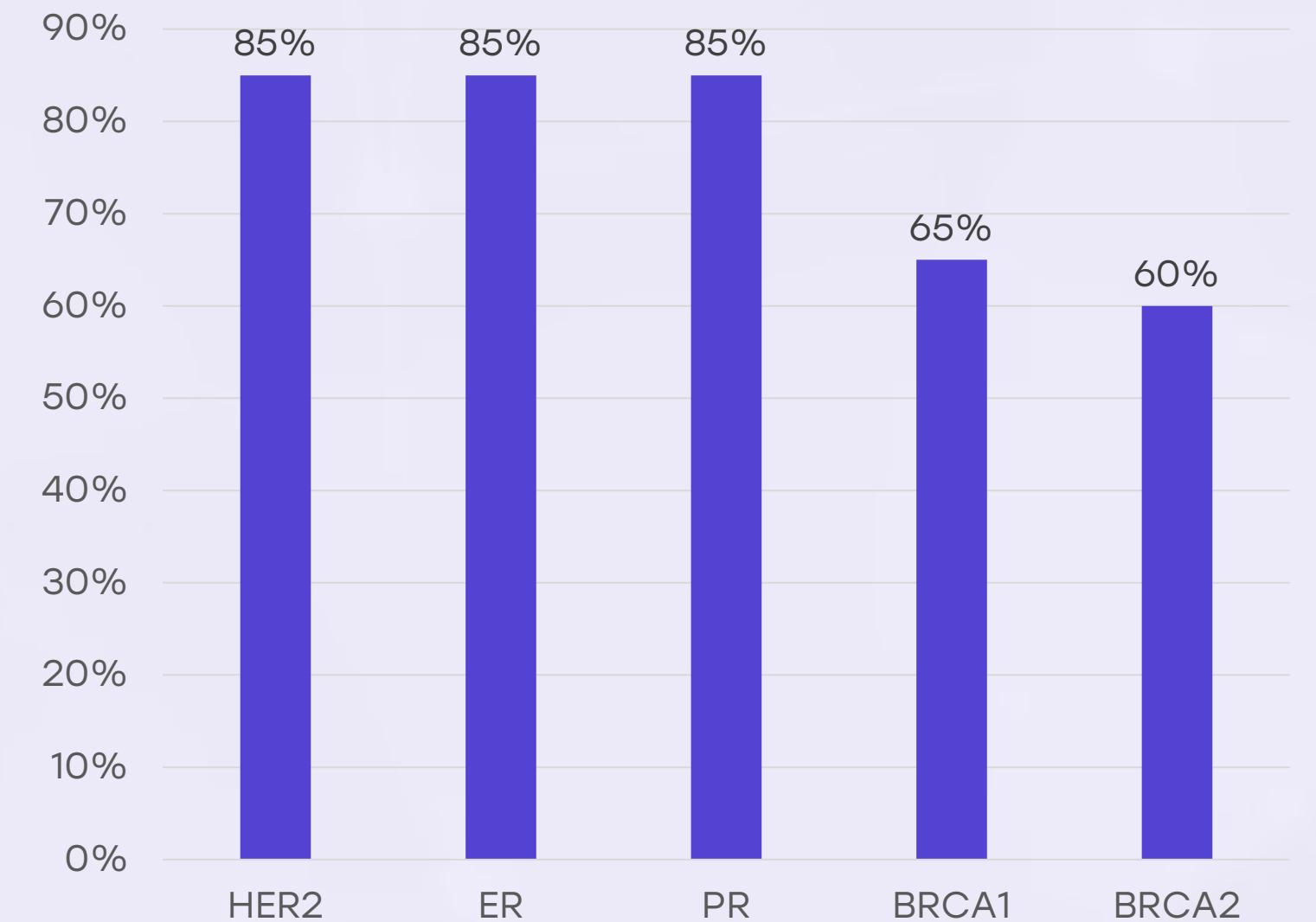


2. 20-40% Biomarker testing is available but underutilized, with significant barriers such as high costs, lack of awareness, or limited infrastructure. Many patients may not receive recommended biomarker assessments.



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

- Strong alignment with ESMO and NCCN recommendations
- Major hospitals follow evidence-based protocols

Weakness

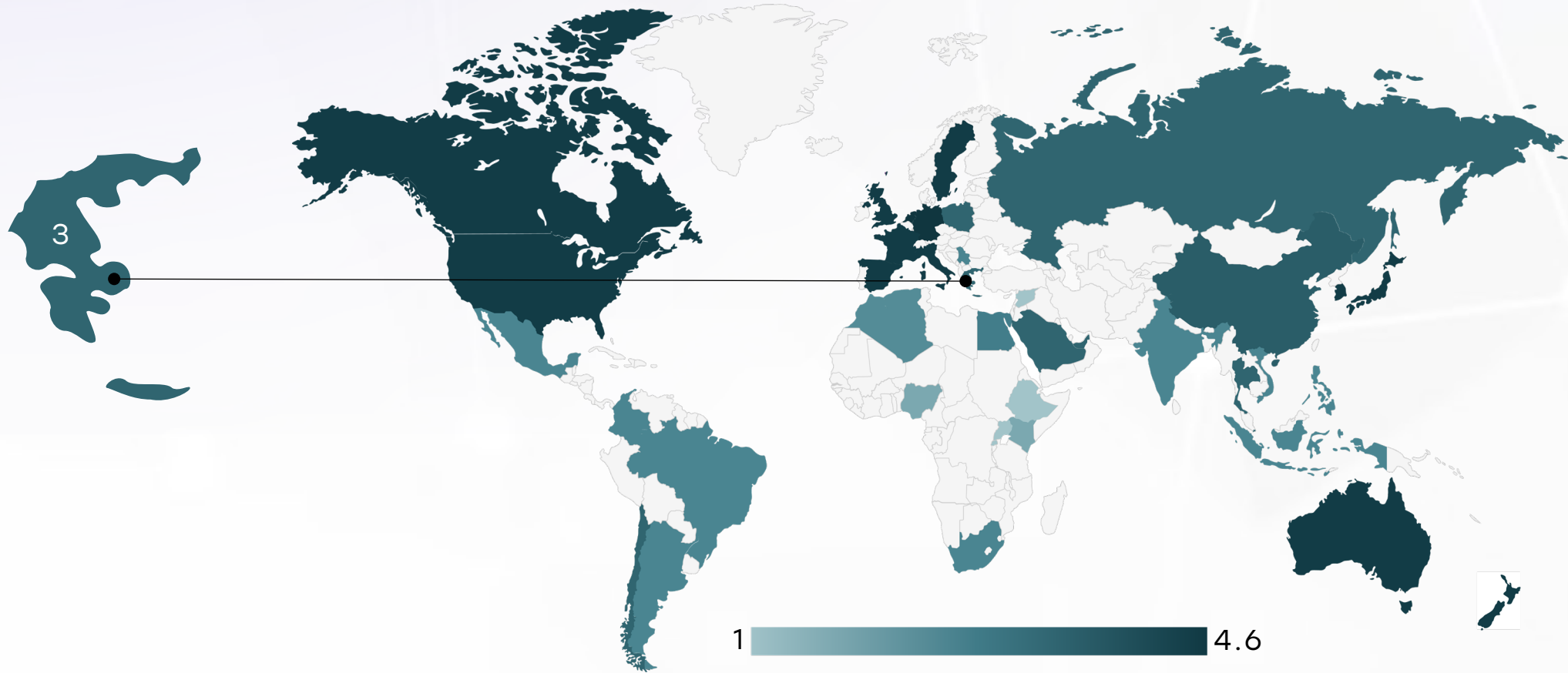
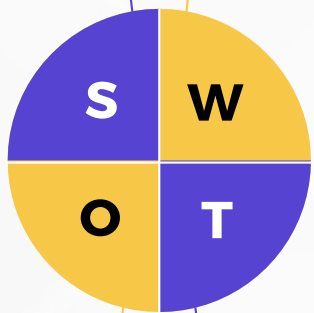
- Smaller public hospitals face barriers to implementation
- CME and updates not uniformly adopted nationwide

Opportunity

- Enhance digital tools and training for guideline adoption
- Create centralized dissemination hubs for clinical updates

Threats

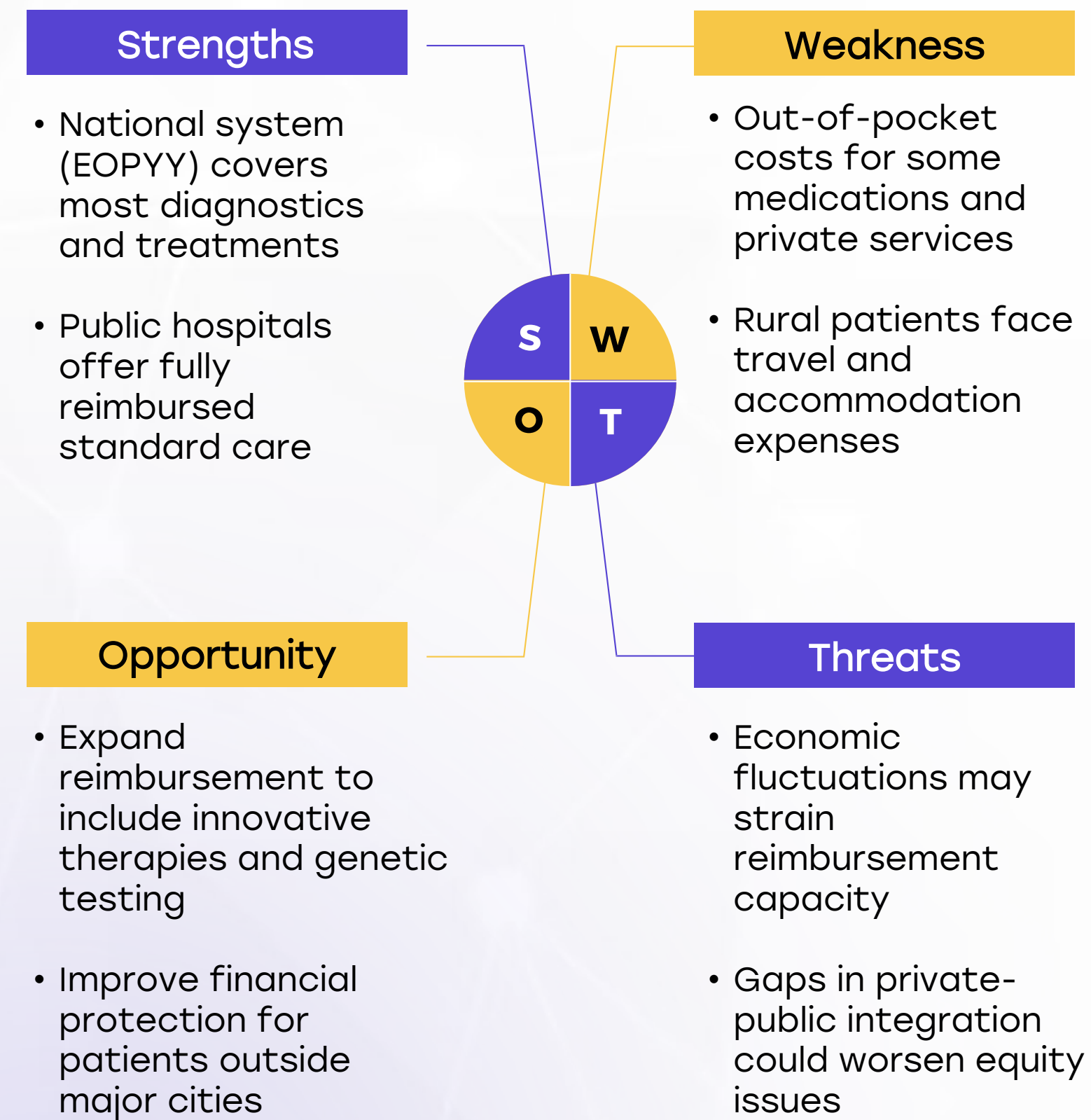
- Regional inconsistencies in practice due to resource constraints
- Slow integration of new recommendations in some care settings






	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

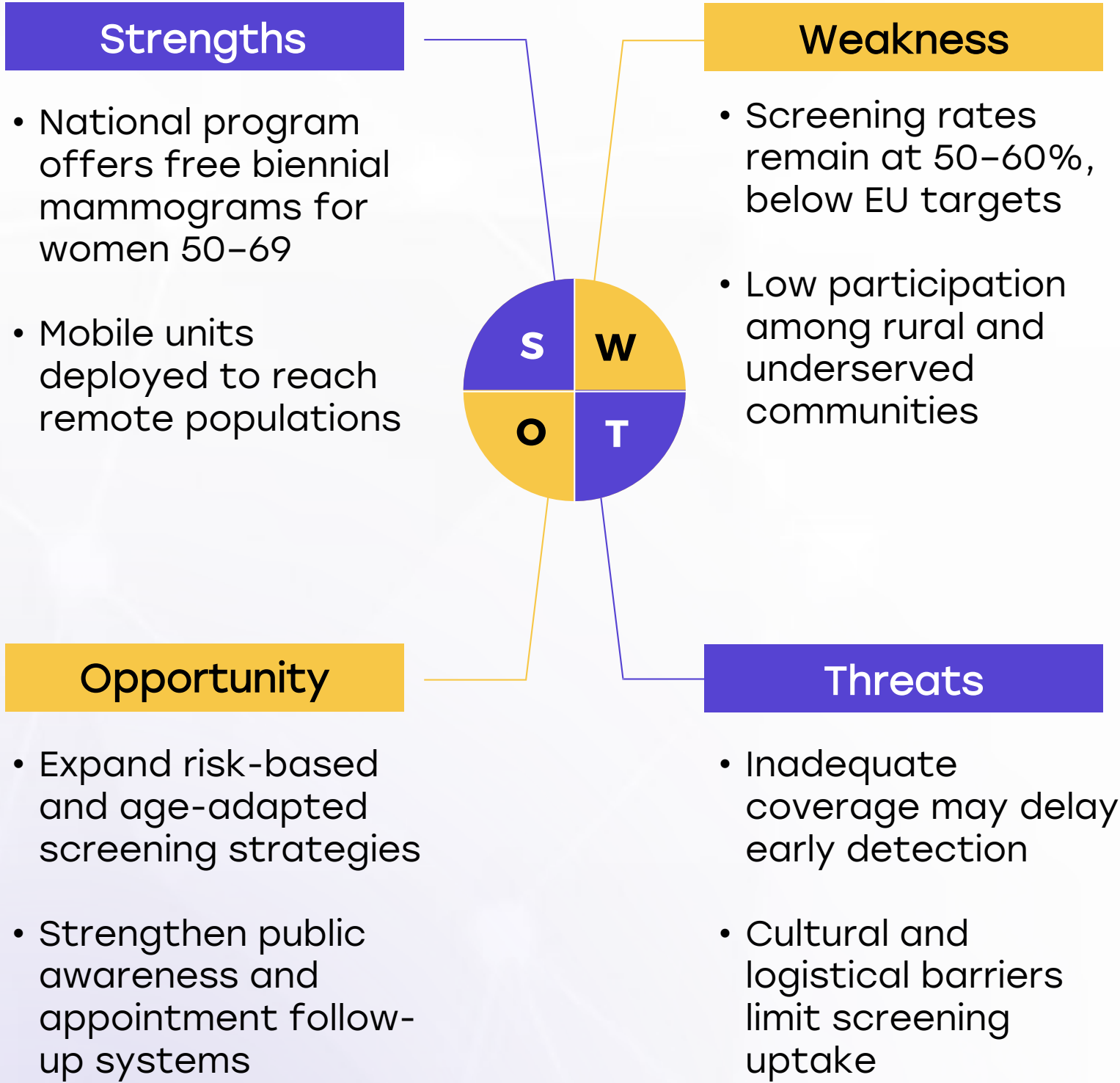


-  Yes - A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.
-  Partial - A reimbursement framework is in place, but patients may still have out-of-pocket 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	○	✗
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



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)