

Mexico

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.

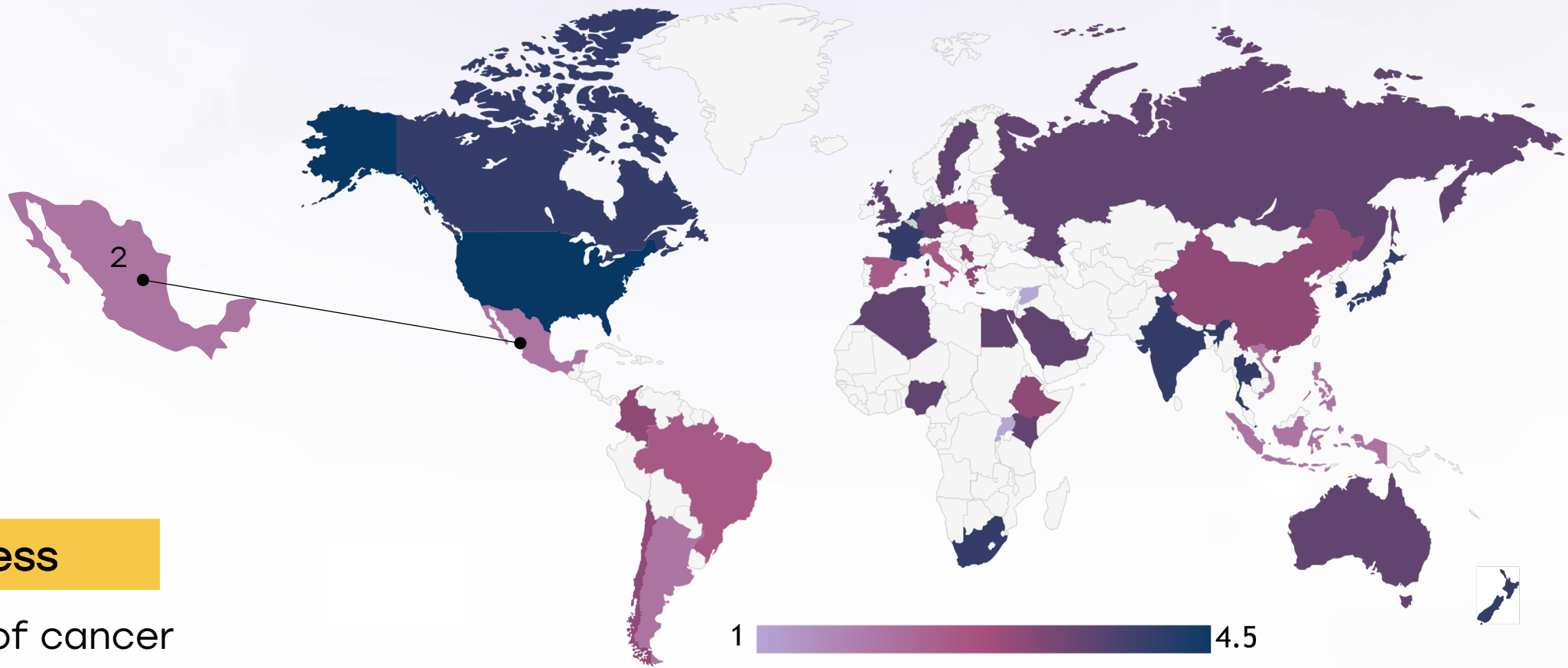
This factsheet provides a comprehensive overview of key pillars shaping breast cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Breast cancer incidence: 25.6% of all female cancers
- Incidence rate: 36.8 per 100,000 women per year
- Total cases (2022): Approximately 29,929 new cases
- Daily diagnoses (2022): Around 82 women per day
- Breast cancer deaths (2021): About 7,900 women
- 5-year survival rate: 82% overall; 97% for early-stage disease, 82% for locally advanced disease, and 36% for metastatic disease
- Most affected age group: 50-69 years
- Screening participation (ages 50-69): 21.2%

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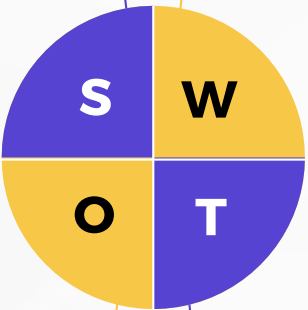


Infrastructure



Strengths

- Centers like INCan and Hospital General de México provide high-quality care in major cities.
- HER2, ER, and PR testing are available in tertiary hospitals and integrated into standard care.



Weakness

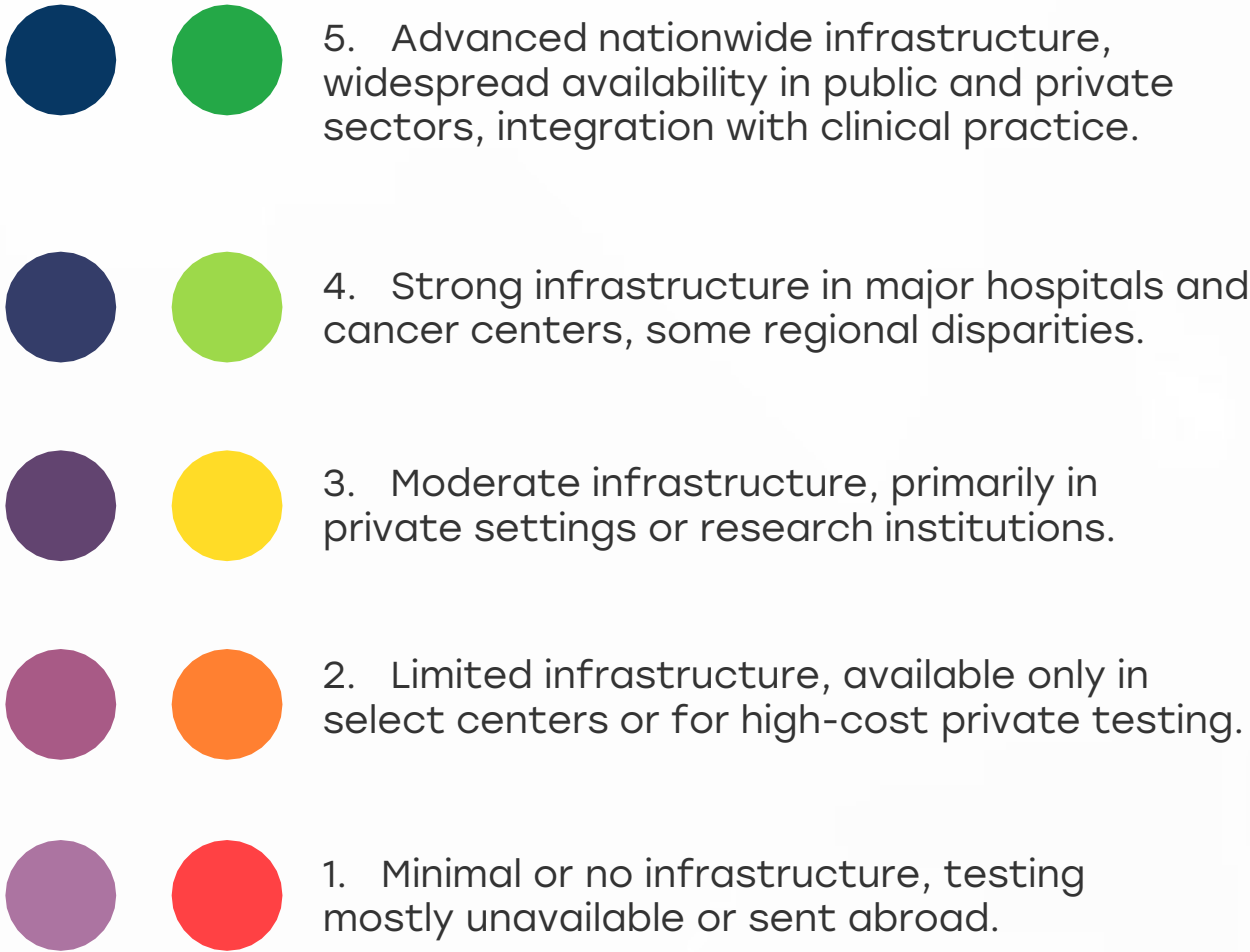
- Only ~35% of cancer patients access specialized centers; most rely on general hospitals with limited oncology capacity.
- Pathology and genetic testing infrastructure is underdeveloped in the public sector.



















































































Opportunity

- Expand regional cancer centers and public investment in pathology.
- Improve access to BRCA and molecular testing beyond private sector availability.

Threats

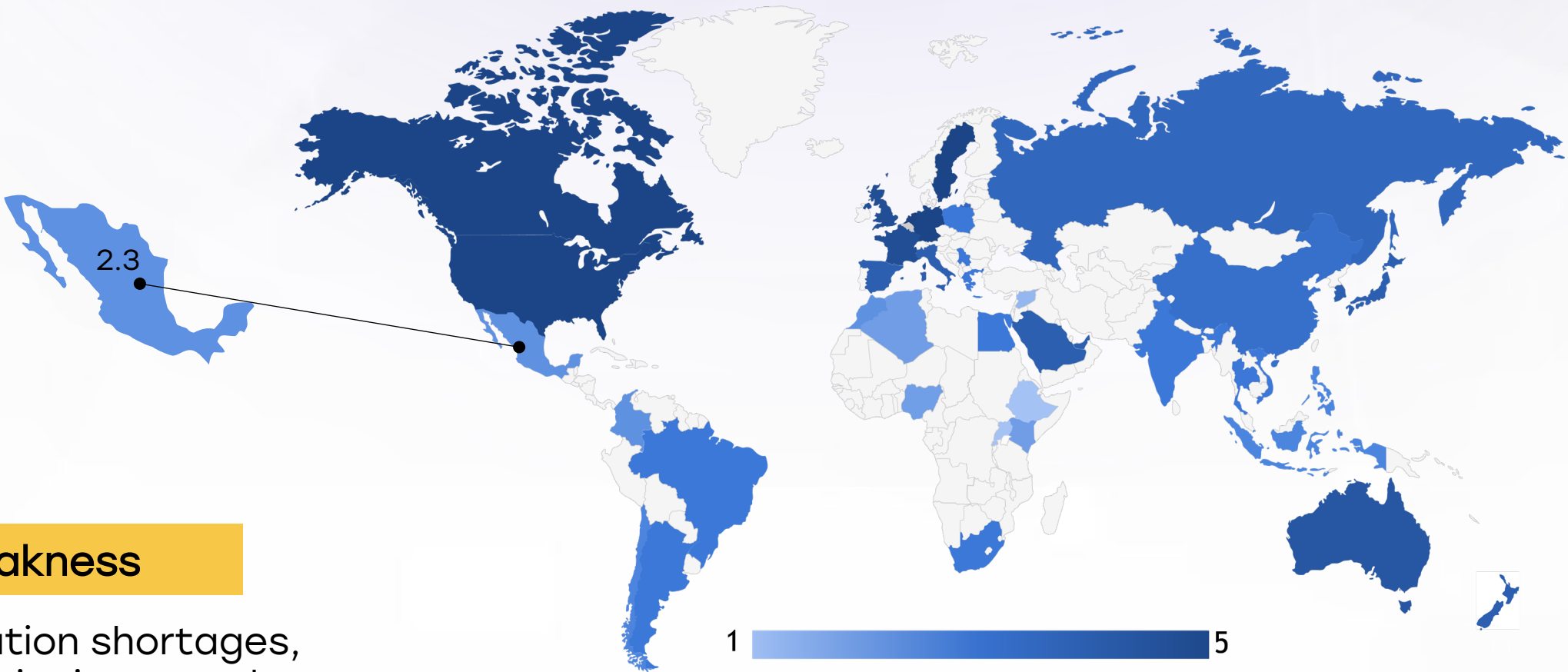
- Rural and low-income patients are at risk of delayed diagnosis and under-treatment due to lack of infrastructure.



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		
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Poland		
Mexico		
Brazil		
Argentina		
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Serbia		
Saudi Arabia		
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Syria		
Indonesia		
Vietnam		
Philippines		
Russia		

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Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Advanced treatments like trastuzumab and pertuzumab are available in public formularies.
- October campaigns and NGOs like Fundación Cima boost public engagement and awareness

Weakness

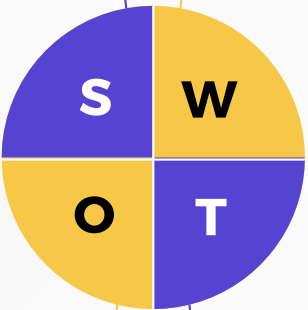
- Medication shortages, long wait times, and coverage gaps persist in public hospitals.
- Research is underfunded—less than 5% of national health research is oncology-focused.

Opportunity

- Increase federal research grants and incentivize HER2-specific clinical trials.
- Localize and adapt awareness campaigns to rural and indigenous communities.

Threats

- Without strategic investment, awareness may be seasonal, and access inequities will deepen.

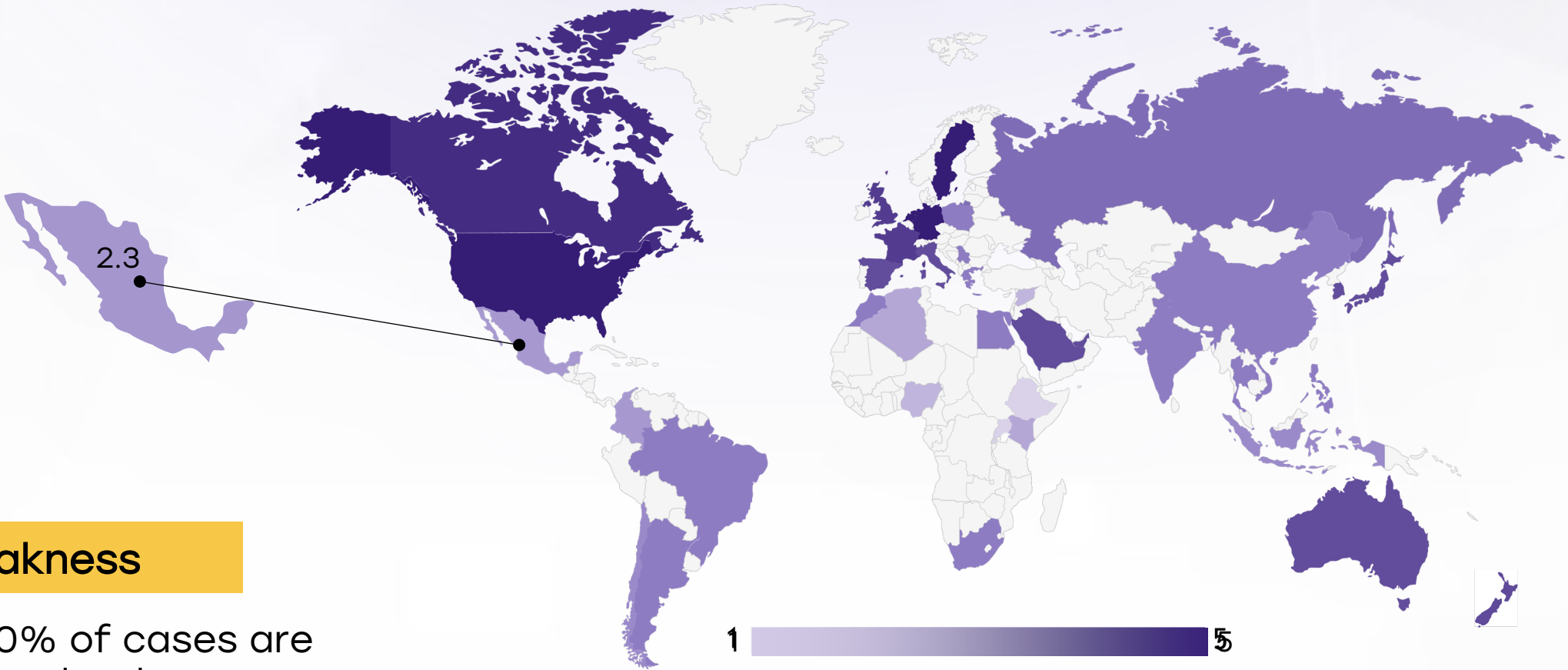


5. Strong healthcare infrastructure with comprehensive treatment access, high research funding, and nationwide awareness campaigns. Patients have access to advanced therapies, clinical trials, and widespread early detection programs.
4. Well-developed system with good treatment availability, strong research 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	<div></div>	<div></div>	<div></div>
Kenya	<div></div>	<div></div>	<div></div>
Nigeria	<div></div>	<div></div>	<div></div>
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Philippines	<div></div>	<div></div>	<div></div>
Russia	<div></div>	<div></div>	<div></div>

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Survival Rates, Early Detection and Palliative Care



Strengths

- 5-year survival for early-stage breast cancer reaches 89%; public mammograms are free for women 40+.
- NOM-041 mandates organized screening every 2 years for women 40–69.

Weakness

- Over 40% of cases are diagnosed at late stages (III or IV), with survival dropping to ~36%.
- Less than 15% of patients access structured palliative care; regional disparities are stark.








































































































Opportunity

- Expand mobile screening units and integrate survivorship planning.
- Train general practitioners in early detection and palliative protocols.

Threats

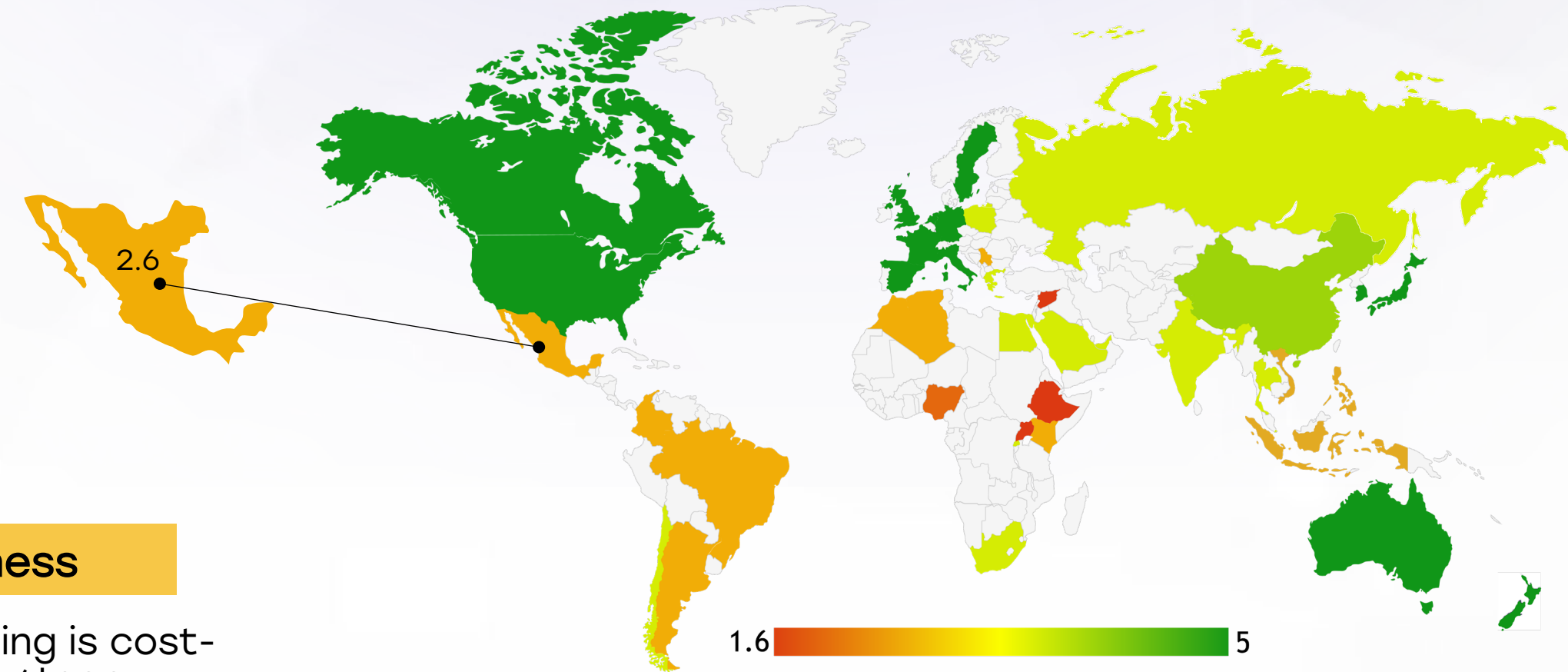
- Without earlier diagnoses and supportive care, national survival rates will stagnate or decline.

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			
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Russia			

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Utilization of Biomarkers

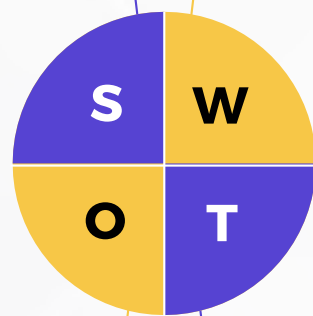


Strengths

- HER2, ER, and PR testing are part of institutional care standards.
- Testing is increasingly recognized in national clinical workflows.

Weakness

- BRCA testing is cost-prohibitive (\$800–\$2,500 USD) and not reimbursed in the public system.
- Turnaround times are long due to limited pathology capacity in public hospitals.



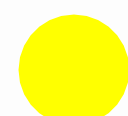

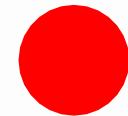


Opportunity

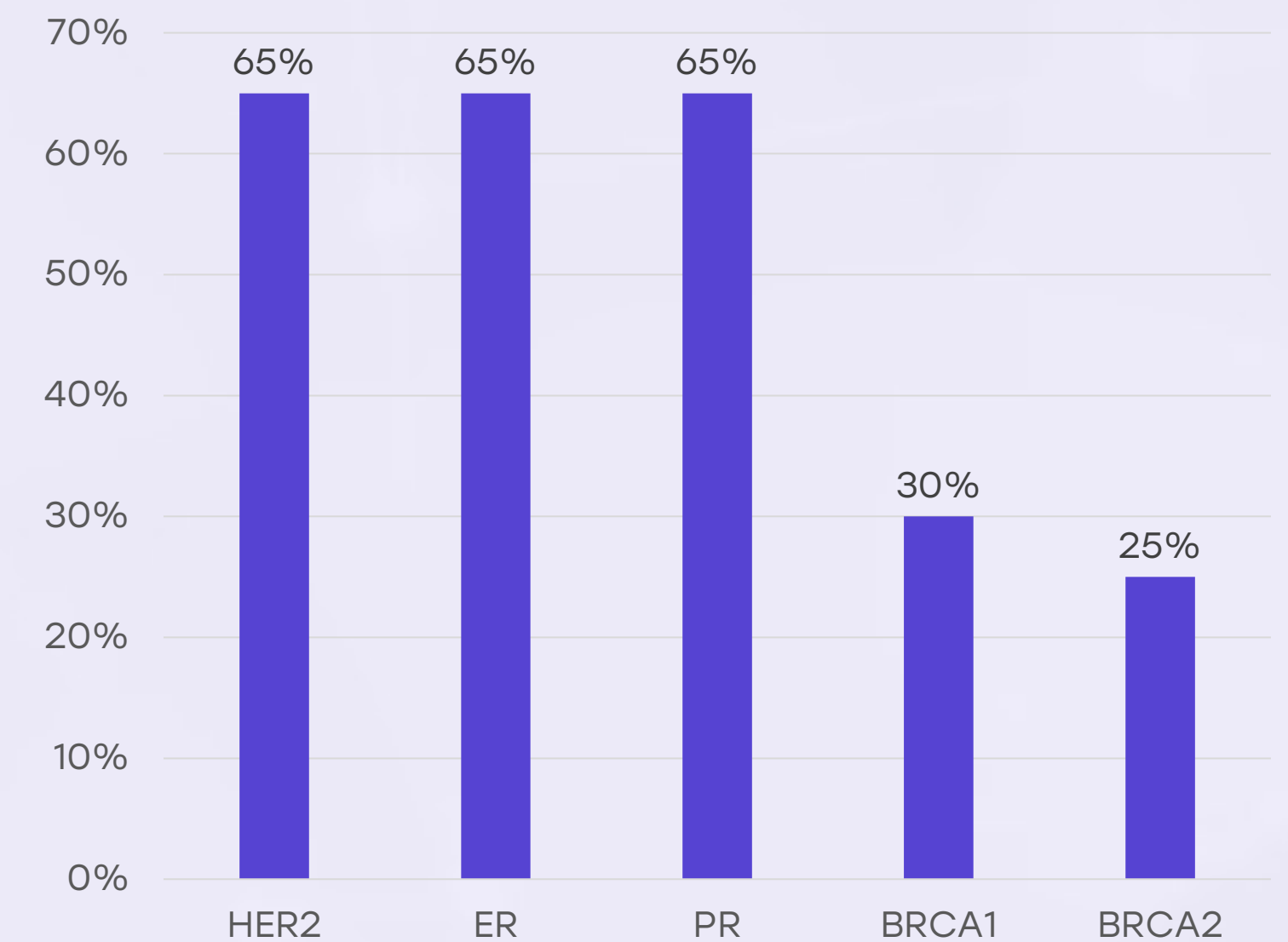
- Standardize and reimburse HER2 and BRCA testing across public providers.
- Develop centralized labs to improve equity and efficiency.

Threats

- Unequal access to biomarker data undermines personalized treatment plans and precision care.

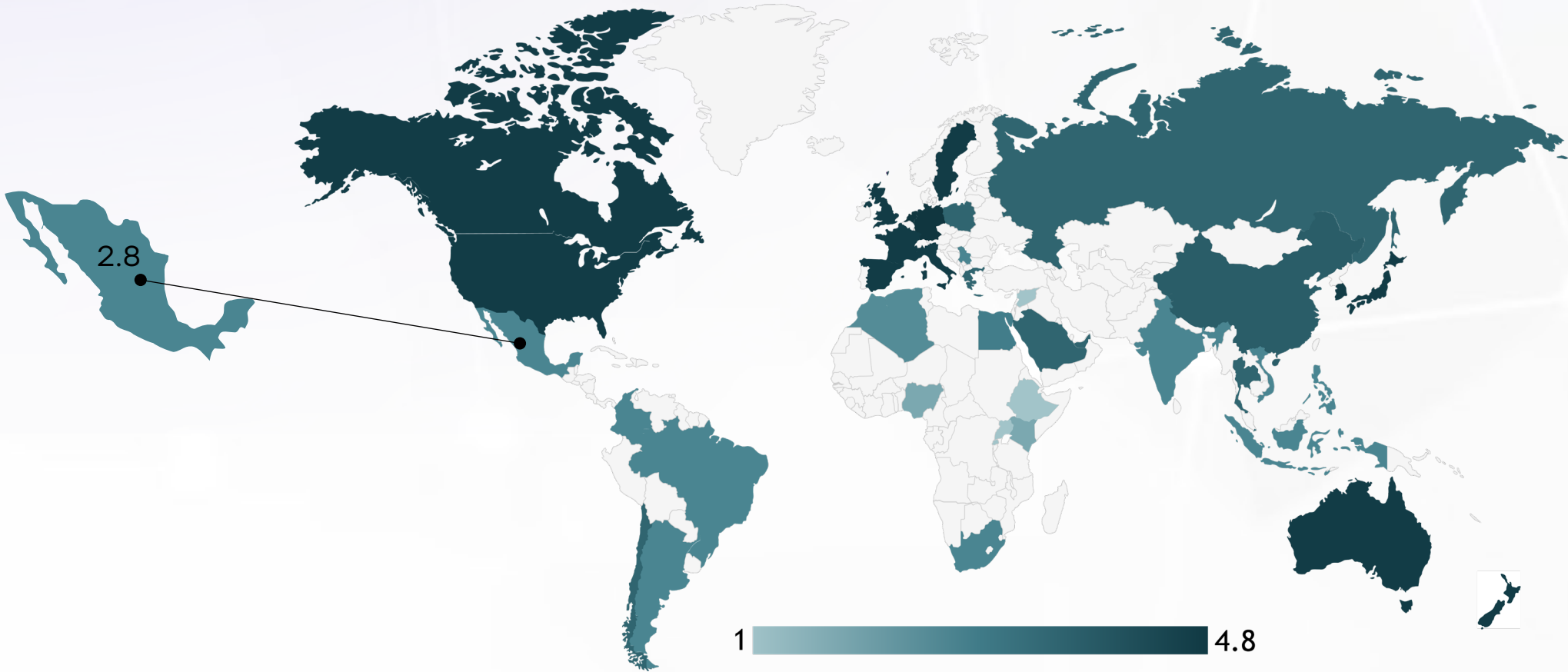
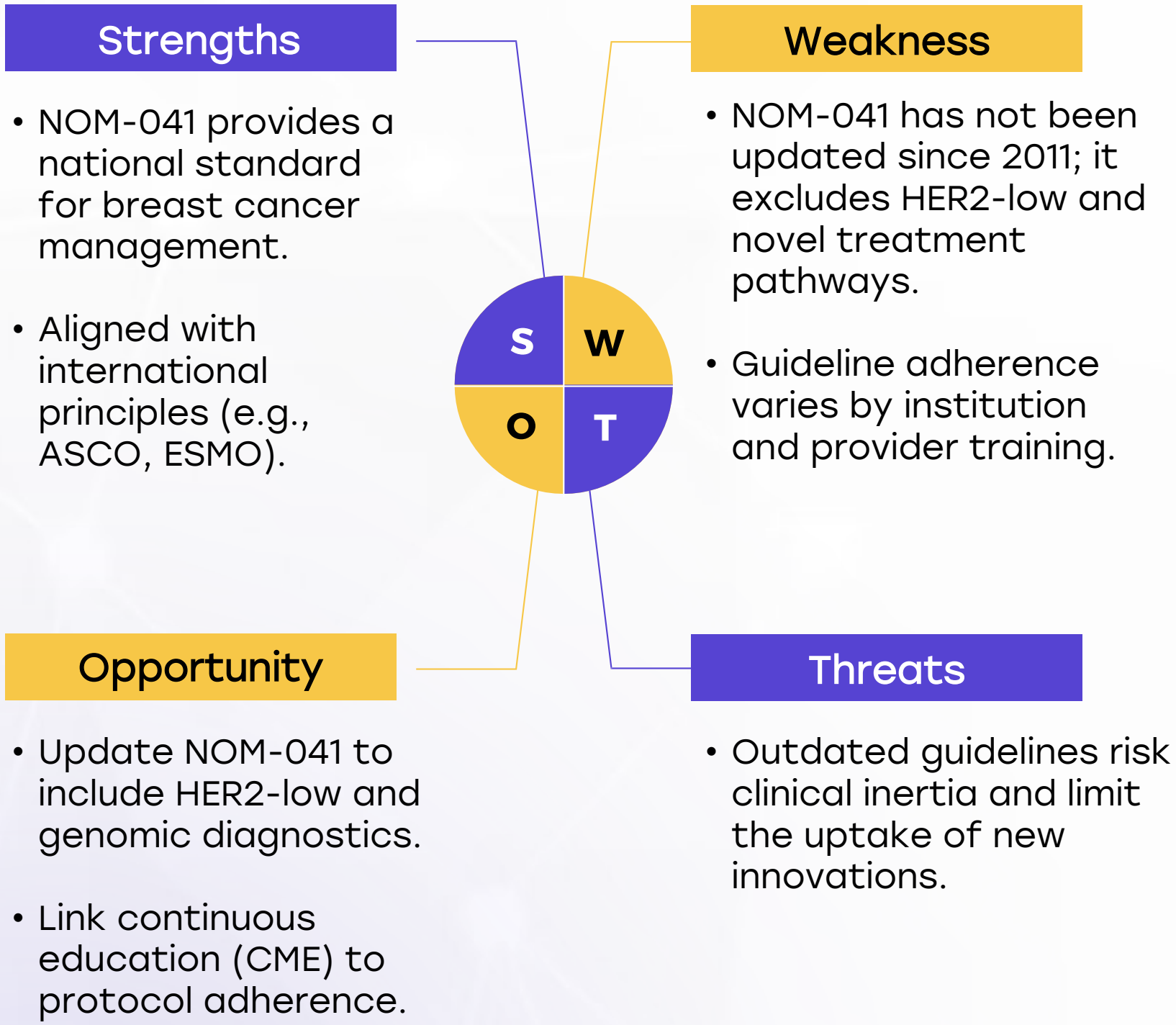
- 
 5. 80% Biomarker testing is widely available and routinely performed as part of standard clinical practice. Strong integration into treatment decisions, with national coverage and reimbursement ensuring accessibility.
- 
 4. 61-80%. Biomarker testing is commonly used, but access may be limited in 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



	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

- HER2-targeted therapies are part of public formularies.
- Previous reforms (Seguro Popular) showed that universal coverage is achievable.

Weakness

- Transition to INSABI/IMSS-Bienestar caused disruptions in treatment continuity and reimbursement.
- ~50% of eligible HER2+ patients receive public-funded treatment; others pay out-of-pocket or abandon care.

Opportunity

- Secure long-term public funding for HER2 therapies and diagnostics.
- Expand IMSS-Bienestar to include all HER2-recommended treatments.

Threats

- Budget instability and regional disparities may exacerbate access gaps.



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.

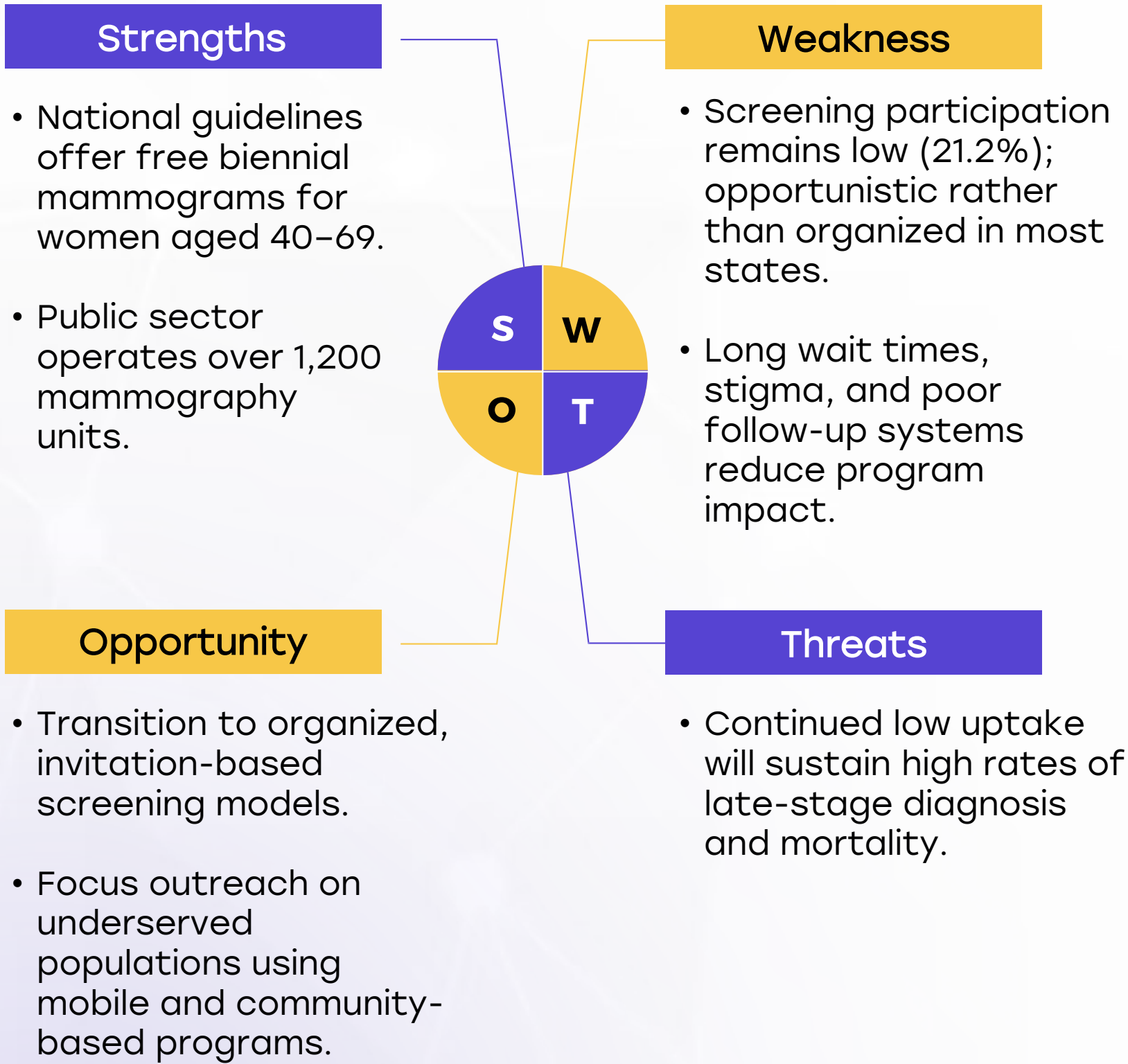


No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

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



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)