

New Zealand

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

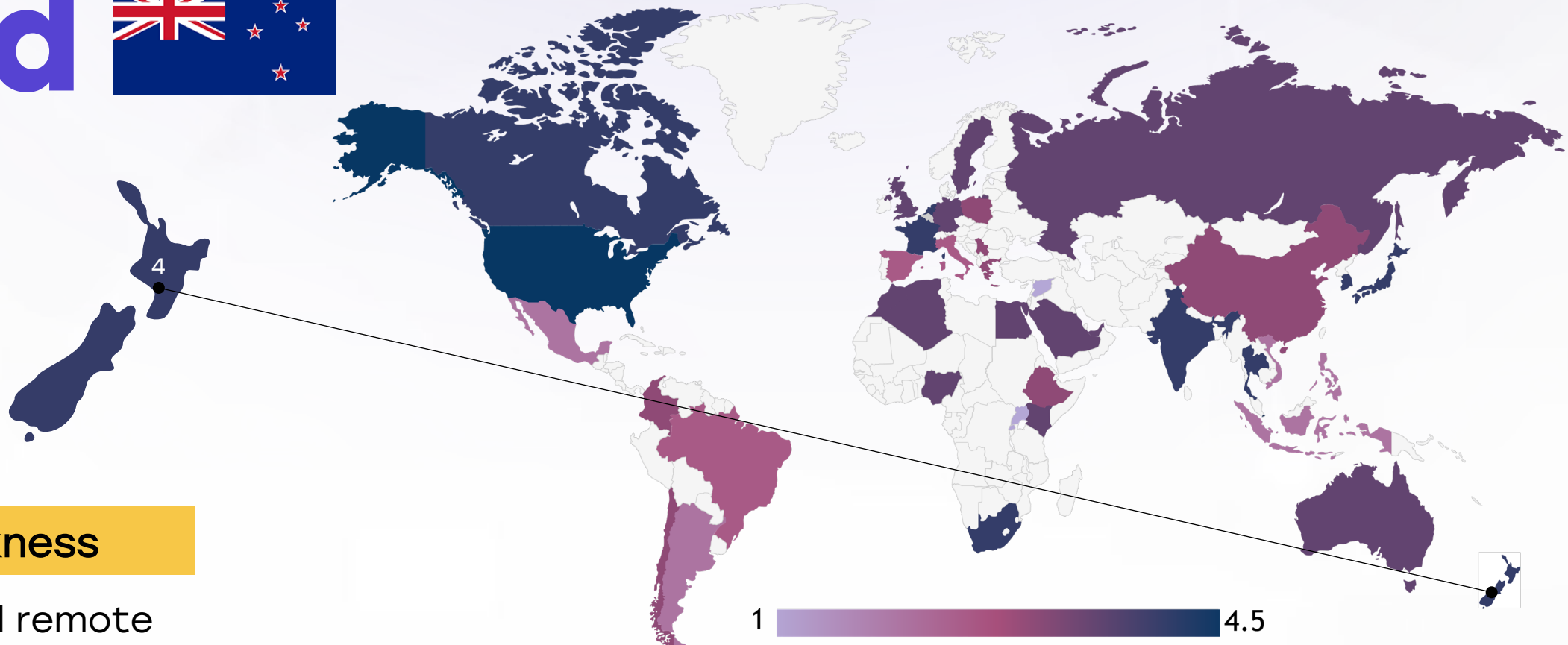
Breast cancer remains one of the most prevalent cancers worldwide, affecting millions of individuals each year. Despite advancements in diagnostics, treatment, and awareness, disparities in access to care, molecular testing, and specialized centers persist.

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.

- Incidence: Approximately 3,500 women and 25 men are diagnosed annually.
- Lifetime Risk: 1 in 9 women will develop breast cancer during their lifetime.
- Daily Diagnoses: Up to nine women are diagnosed with breast cancer each day.
- Mortality: Nearly two women die from breast cancer daily, totaling over 650 deaths annually.
- Age Distribution: Women over 50 are at the highest risk, but about 11% of cases occur in women aged 25 to 44.
- Ethnic Disparities:
 - Māori Women: 21% more likely to be diagnosed, 30% less likely to be diagnosed early, and 72% more likely to die from breast cancer compared to non-Māori.
 - Pasifika Women: Highest rate of advanced-stage diagnoses and higher mortality rates.
- Survival Rates:
 - Five-year survival rates have improved, cutting the risk of dying from breast cancer in half since 2003.
 - Māori Women: 33% more likely to die within 10 years post-diagnosis than Pākehā women.
 - Pasifika Women: 52% more likely to die within 10 years post-diagnosis than Pākehā women.
- Screening Participation:
 - BreastScreen Aotearoa aims for a 70% screening rate for women aged 45 to 69.
 - Screening rates are lower among Māori and Pasifika women, contributing to later-stage diagnoses.
- Male Breast Cancer: Approximately 25 men are diagnosed with breast cancer each year.

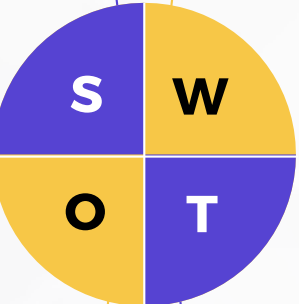
New Zealand

Infrastructure



Strengths

- Public hospitals and specialist cancer centers (like Auckland City Hospital, Christchurch Hospital) provide full-spectrum breast cancer services.
- National digital systems support referrals and breast imaging.



Weakness

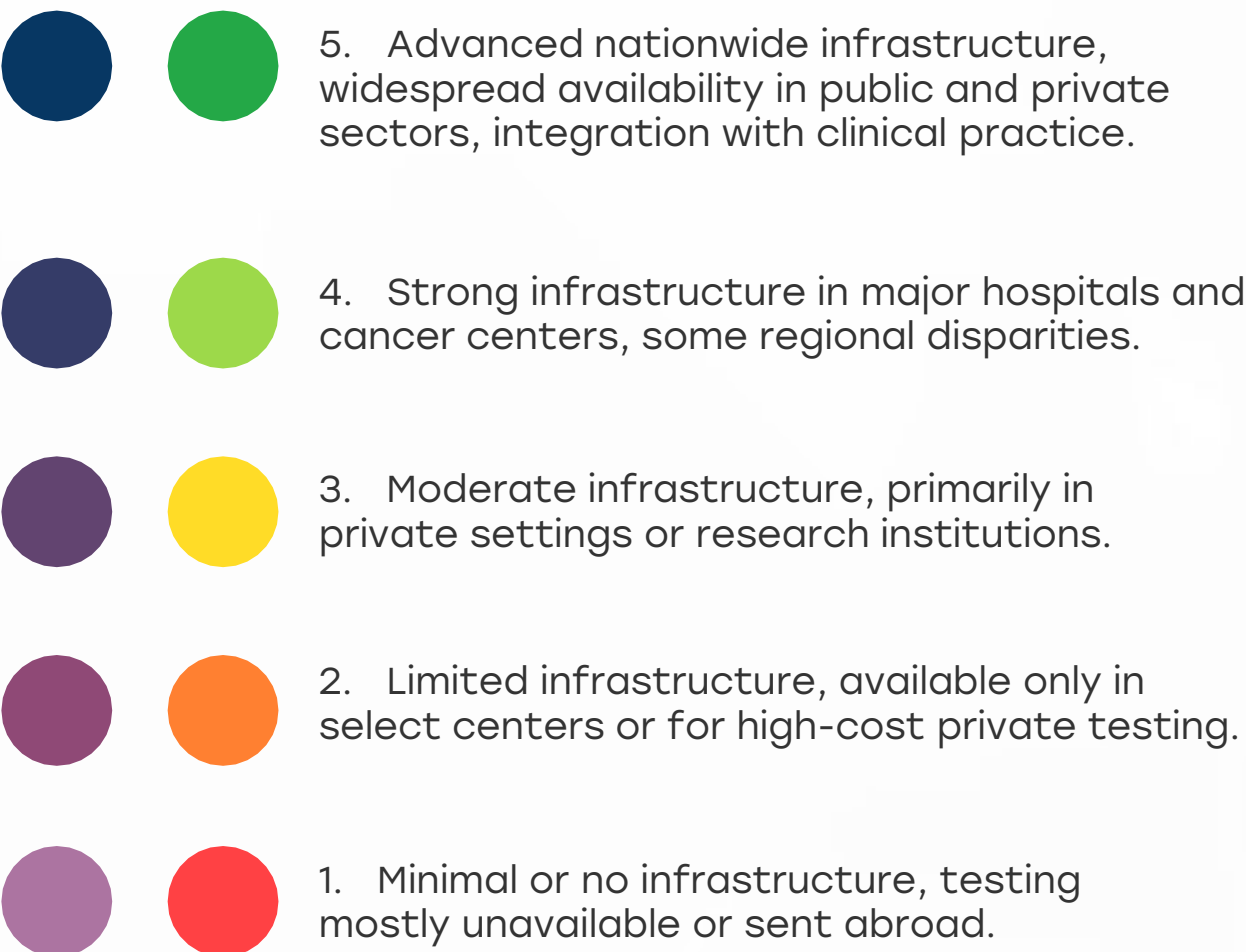
- Rural and remote communities (e.g., South Island, Northland) face travel barriers to reach diagnostic/treatment services.
- Workforce shortages in radiology and oncology affect waiting times.












































































Opportunity

- Expand regional mobile diagnostic services and telemedicine follow-ups.
- Invest in workforce retention and rural infrastructure under the new Te Whatu Ora health reform.

Threats

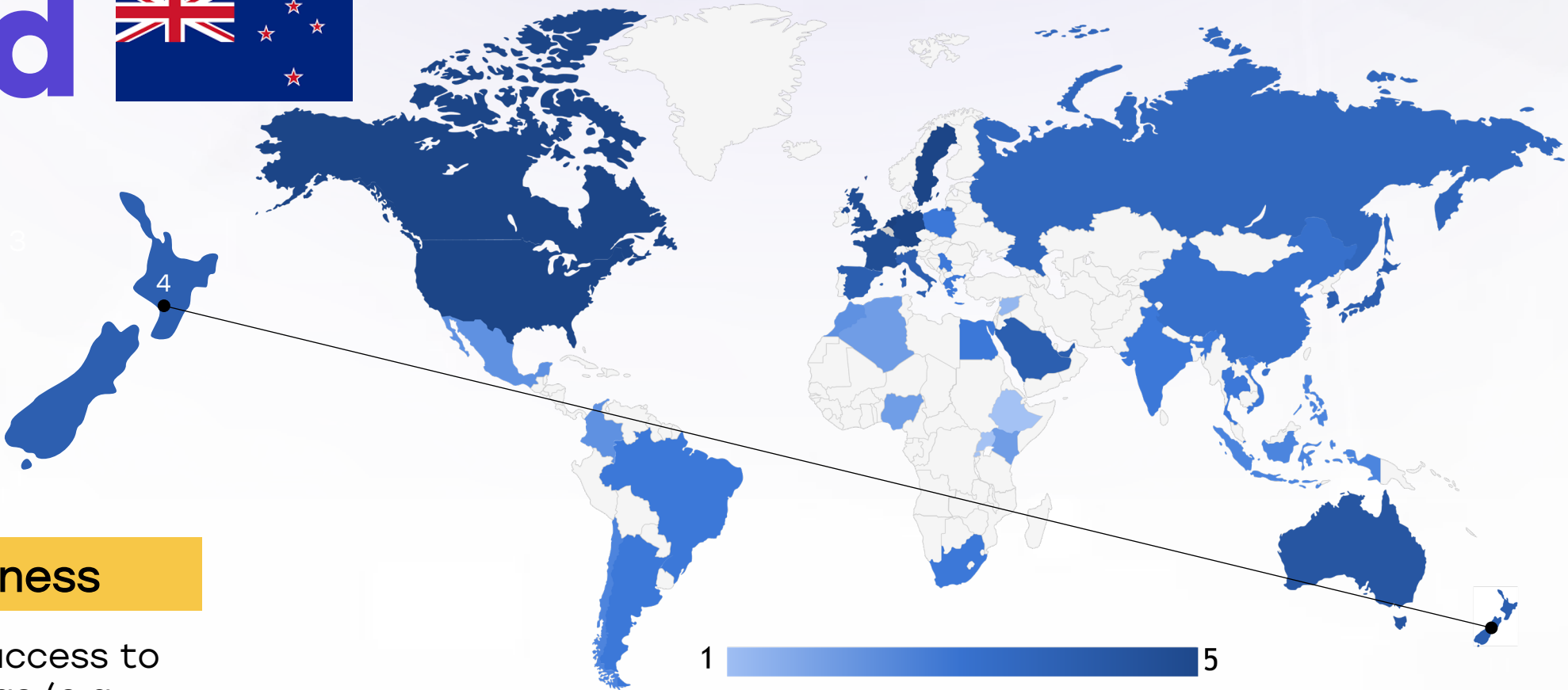
- Aging infrastructure in certain public hospitals may reduce quality of care.
- Health inequities may widen if urban-rural gaps persist.



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		
Uganda		
Serbia		
Saudi Arabia		
UAE		
Syria		
Indonesia		
Vietnam		
Philippines		
Russia		

New Zealand

Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Publicly funded access to surgery, chemotherapy, radiation, endocrine therapy, and targeted agents.
- Active breast cancer research groups and government-supported trials.
- National campaigns like **Pink Ribbon Month** have strong visibility.

Weakness

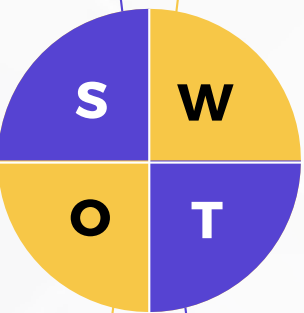
- Delays in access to newer drugs (e.g., trastuzumab-deruxtecan, abemaciclib) due to slow funding decisions by PHARMAC.
- Māori and Pacific women experience lower rates of timely access and follow-up.

Opportunity

- Expand culturally tailored awareness and navigation services for Māori and Pasifika communities.
- Increase funding for genomics and equity-focused breast cancer research.

Threats

- Growing treatment costs and resource pressures could delay access to innovation.
- Distrust in health systems by marginalized groups may reduce participation.



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.

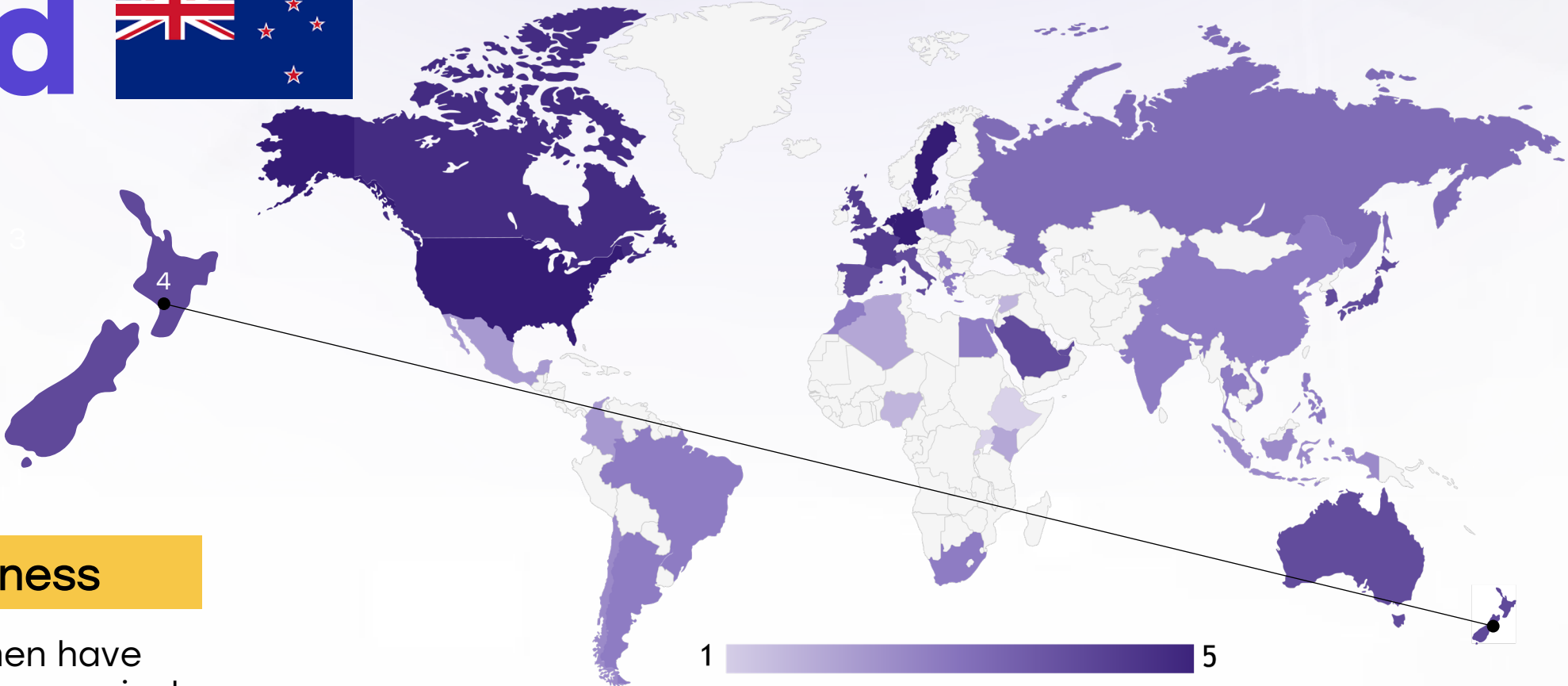


1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

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			

New Zealand

Survival Rates, Early Detection and Palliative Care



Strengths

- High 5-year survival rate (~88%) among women overall.
- Strong early detection due to organized screening and timely diagnostic pathways.
- Palliative and psychosocial care are integrated into oncology services.

Weakness

- Māori women have lower 5-year survival (~79%) and are more often diagnosed at later stages.
- Inequities in access to culturally safe palliative and survivorship care.

Opportunity

- Tailor survivorship and support services for underserved populations.
- Strengthen coordination of primary care and palliative services.

Threats

- Persisting disparities in health literacy and access may worsen outcome gaps.
- Rising incidence among younger women may challenge early detection strategies.



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.

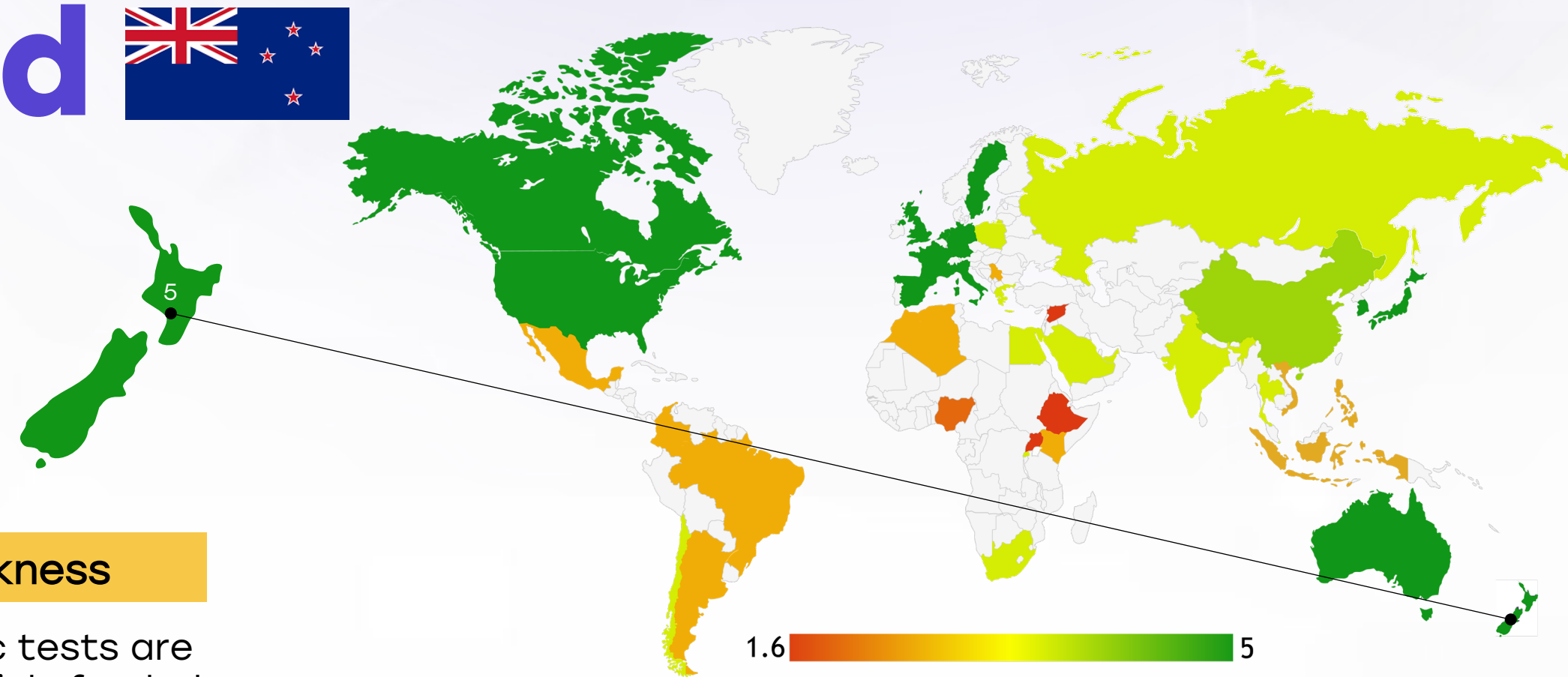


1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

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			

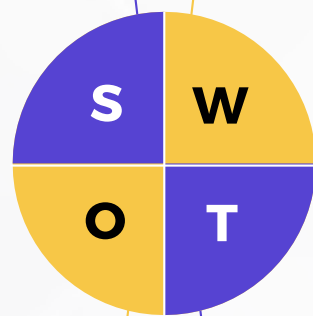
New Zealand

Utilization of Biomarkers



Strengths

- Standard testing for ER, PR, HER2 is routinely available in public and private pathology labs.
- Access to multigene assays (e.g., Oncotype DX) for hormone-positive early-stage disease is increasing.



Weakness

- Genomic tests are not publicly funded and may only be used in private care.
- Liquid biopsies and NGS-based profiling are limited to research or private sector.

Opportunity

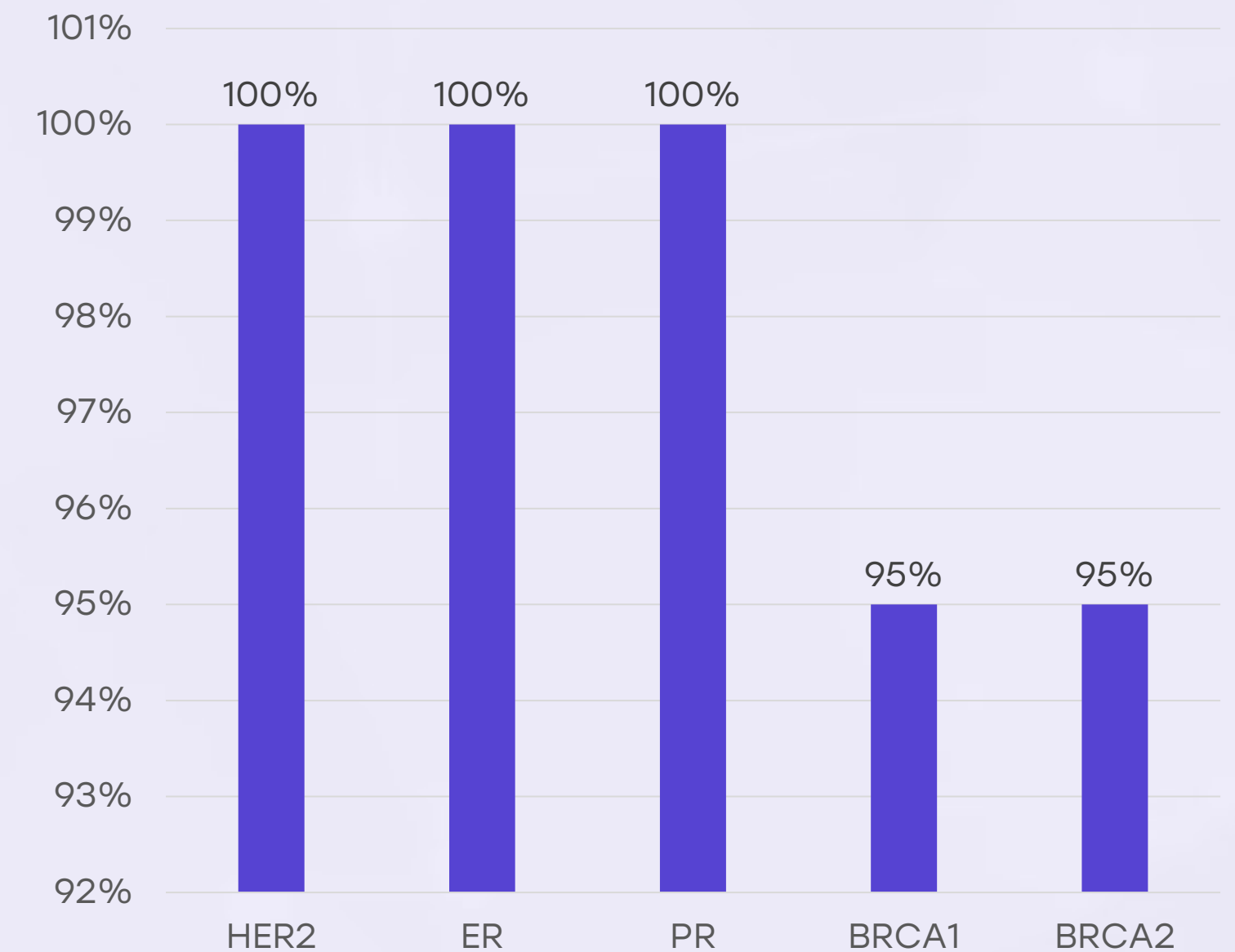
- Fund genomic profiling for eligible patients to avoid over-treatment.
- Expand molecular diagnostics access through centralized labs.

Threats

- Lack of equitable biomarker access could deepen disparities between public vs private patients.
- Delays in adopting emerging markers may hinder treatment optimization.

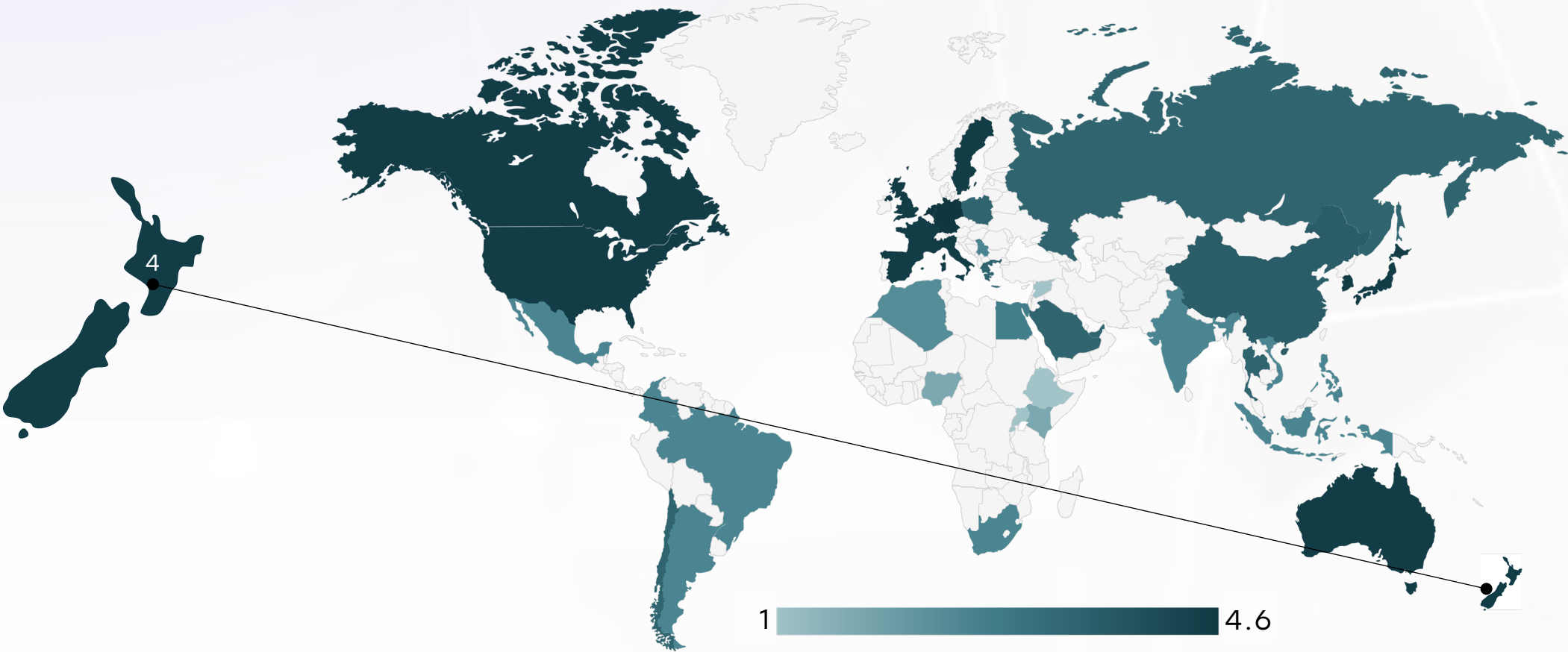
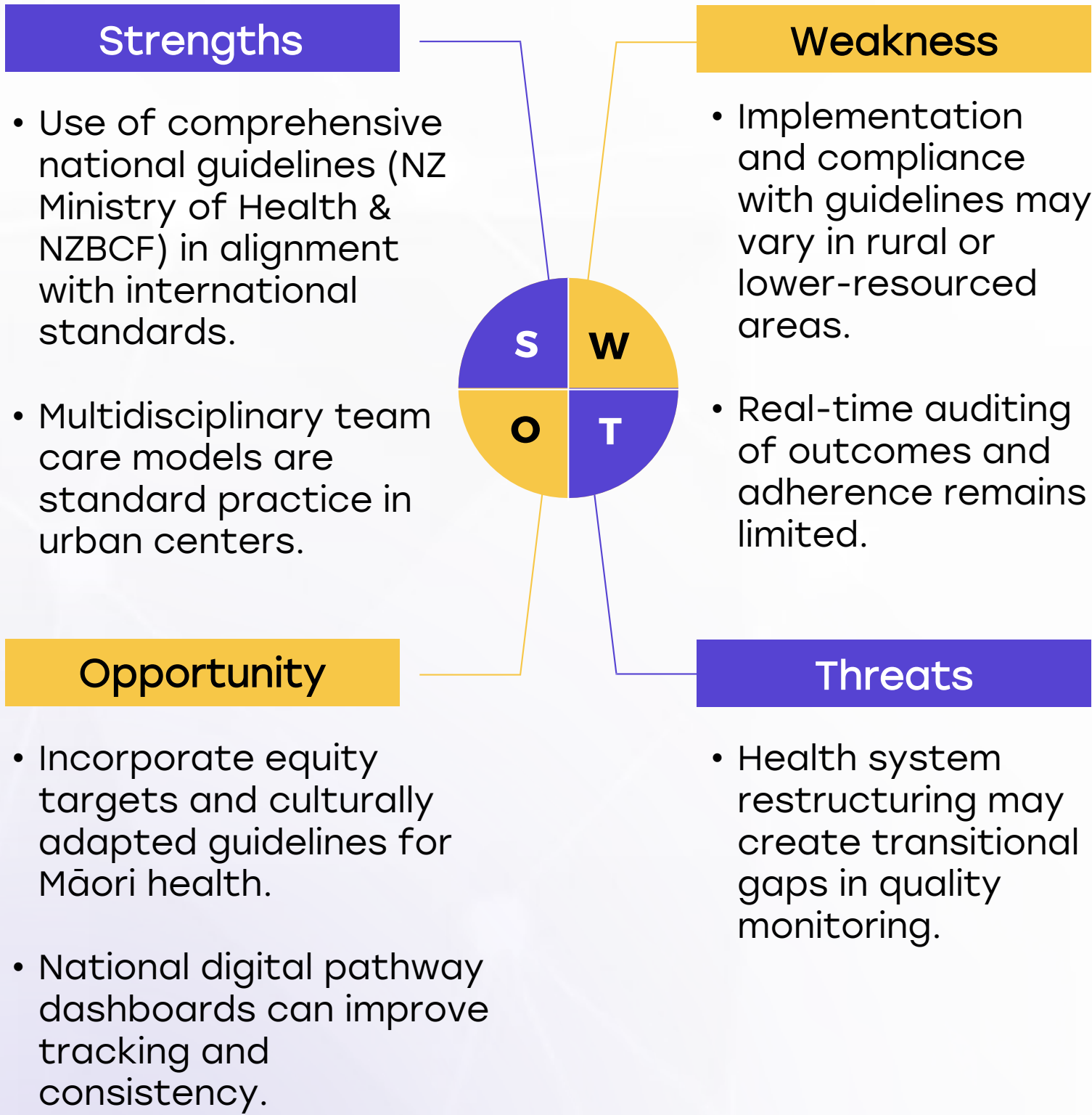
5. 80% Biomarker testing is widely available and routinely performed as part of standard clinical practice. Strong integration into treatment decisions, with national coverage and reimbursement ensuring accessibility.
4. 61-80%. Biomarker testing is commonly used, but access may be limited in certain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

New Zealand



New Zealand

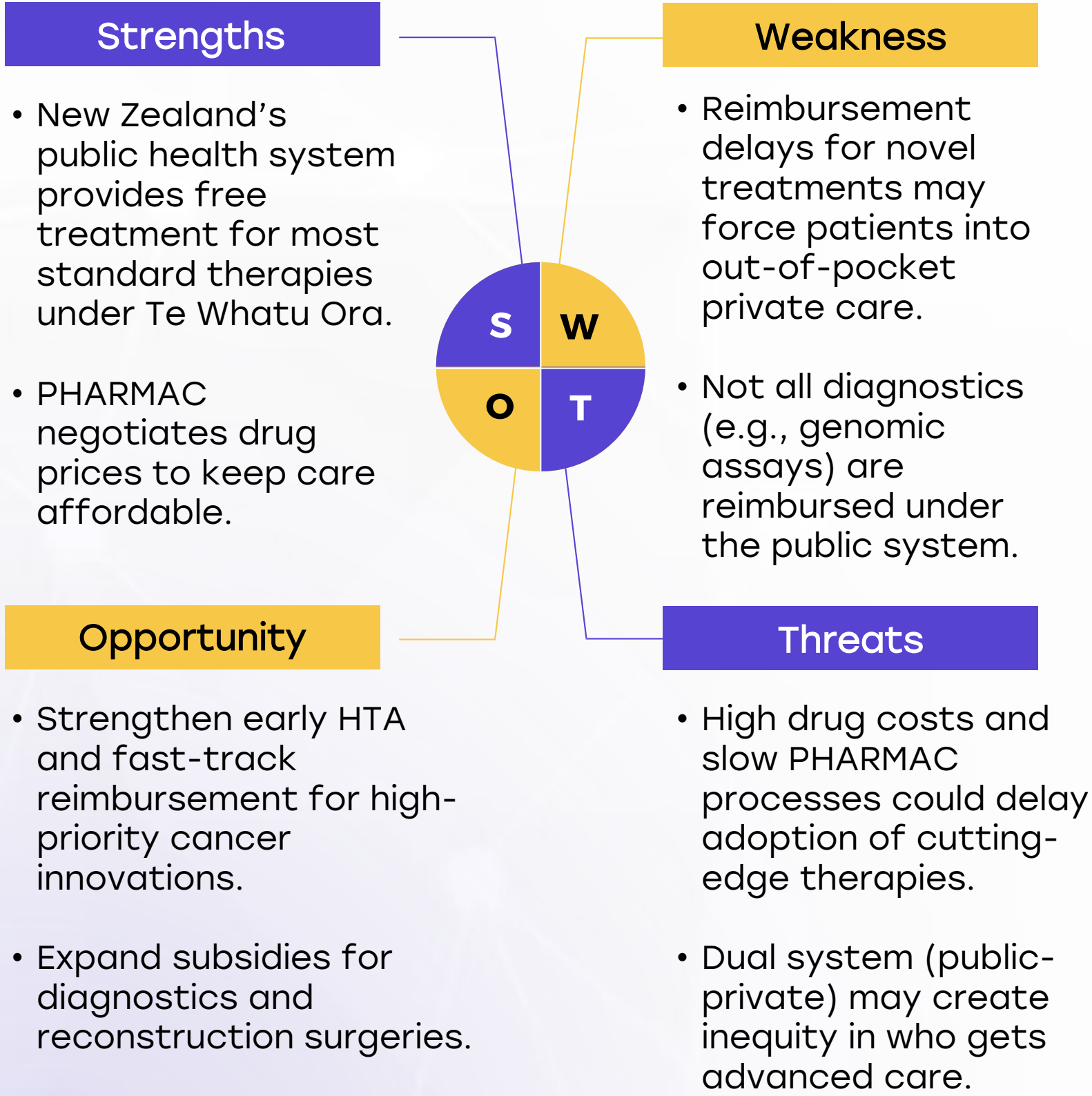
Clinical Guidelines


















































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

New Zealand

Reimbursement

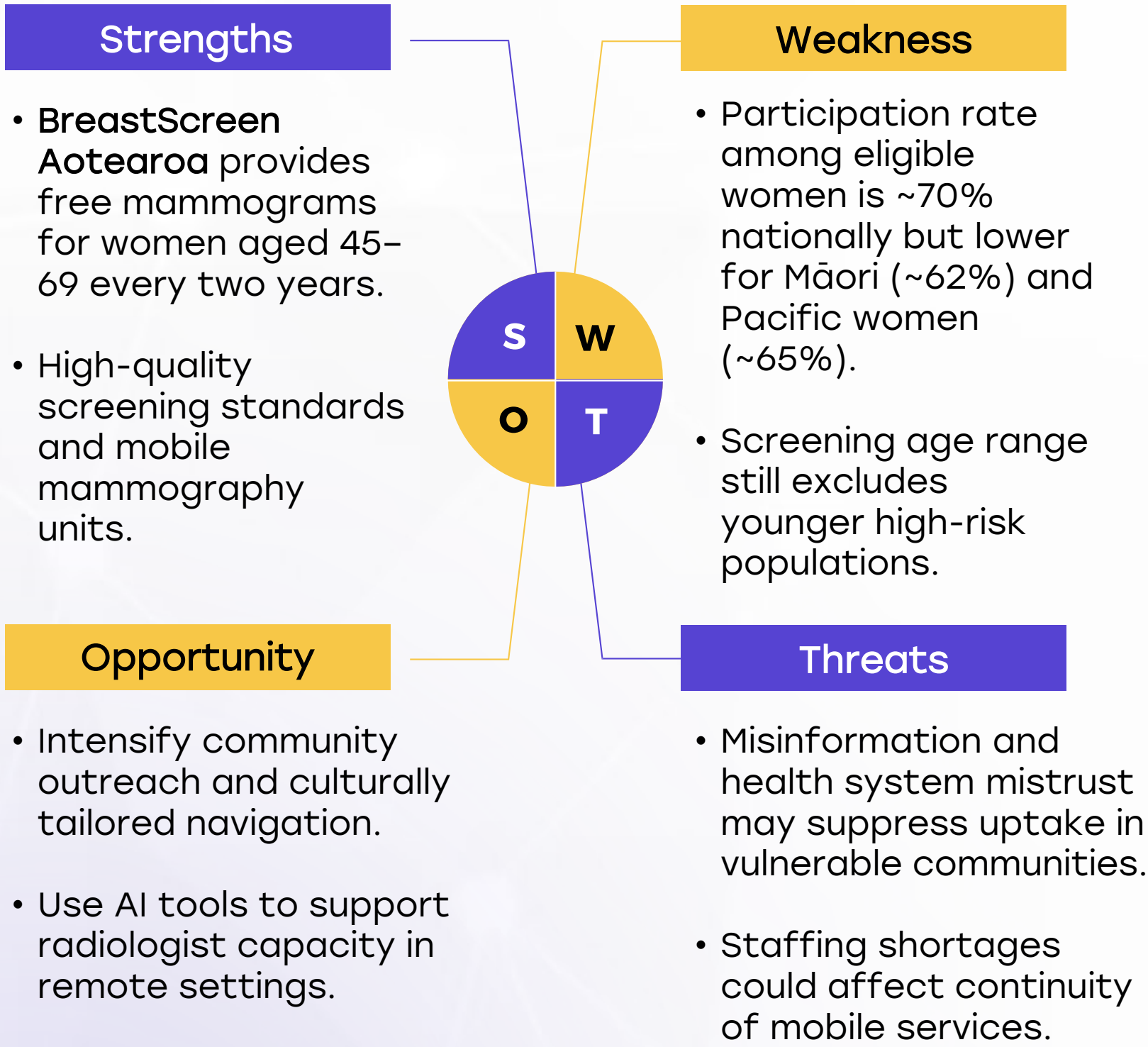


-  Yes - A structured reimbursement system exists, ensuring biomarker testing is covered through national healthcare systems, insurance, or public-private partnerships. Patients face no direct financial burden.
-  Partial - A reimbursement framework is in place, but patients may still have out-of-pocket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

New Zealand

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)