International Cancer Patient Coalition

Syria

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 share: Most common cancer among women, accounting for roughly 24% of female cancer cases
- Incidence rate: Approximately 43 per 100,000 women per year
- Total new cases (2022 estimate): Around 4,400 cases
- Daily diagnoses (2022): About 12 new cases per day
- Deaths: Roughly 1,950 annual deaths
- 5-year survival rate: Very low—only ~8% diagnosed early (Stage 0–I); most present at Stage II/III (~73%) or Stage IV (~19%), leading to poor outcomes
- Most affected age group: Median age around 50 years (many pre-menopausal); averages in early 50s
- Screening participation: Extremely low—less than 5% of women report prior mammography; no organized national screening; diagnosis usually symptom-driven with late-stage detection

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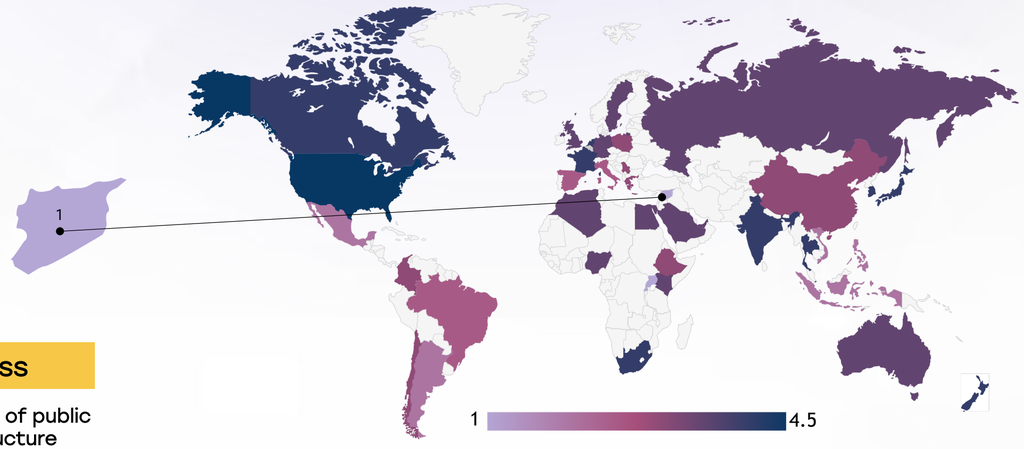
Infrastructure



Strengths

- Core tertiary hospitals in **Damascus (Al-Bairouni University Hospital, Al-Mowasat Hospital)** still provide surgical, chemotherapy, and radiotherapy services.
- Some NGOs and international partners have helped restore oncology units in Aleppo, Homs, and Latakia.
- Pathology and imaging (mammography, ultrasound) functional in urban hubs.

Weakness

- **More than 60% of public health infrastructure damaged** or non-functional due to the conflict.
- Cancer care almost **non-existent in rural areas and conflict-affected zones.**
- **Shortage of radiotherapy machines**—long waiting times and travel burdens.

S W O T

Opportunity

- Leverage global aid and diaspora funding to rebuild regional oncology units.
- Integrate breast cancer services into primary care through mobile and modular units.

Threats

- Ongoing political instability and infrastructure insecurity may disrupt restoration.
- Energy shortages and supply chain interruptions affect equipment function and drug storage.

5. Advanced nationwide infrastructure, widespread availability in public and private sectors, integration with clinical practice.

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	3	3
Kenya	2	2
Nigeria	2	2
Egypt	3	3
Morocco	2	2
Algeria	2	2
Ethiopia	1	1
India	3	3
Japan	4	4
South Korea	4	4
China	3	3
Thailand	3	3
Singapore	4	4
United Kingdom	4	4
Germany	5	5
France	4	4
Netherlands	5	5
Sweden	5	5
Italy	4	4
Spain	4	4
Poland	3	3
Mexico	2	2
Brazil	3	3
Argentina	3	3
Chile	3	3
Colombia	2	2
United States	5	5
Canada	5	5
Australia	4	4
New Zealand	4	4
Greece	3	3
Rwanda	1	1
Uganda	1	1
Serbia	3	3
Saudi Arabia	3	3
UAE	3	4
Syria	1	1
Indonesia	2	2
Vietnam	2	2
Philippines	2	2
Russia	4	3

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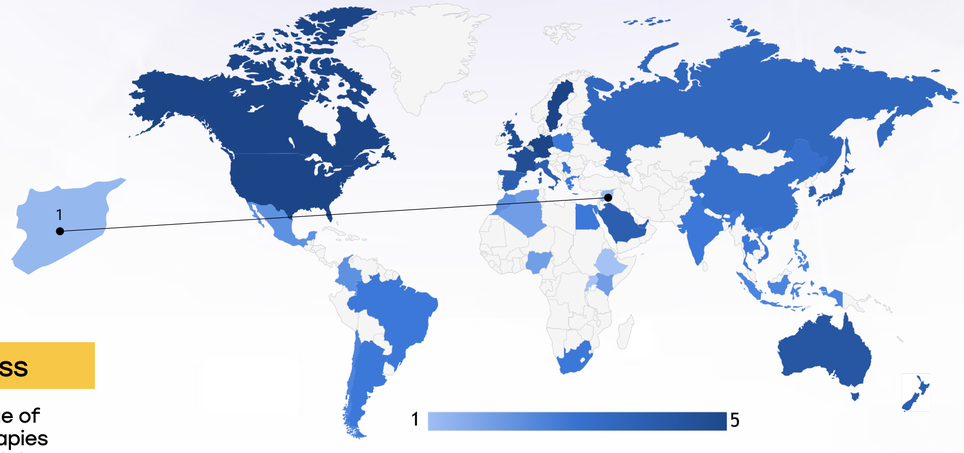
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- **Basic chemotherapy regimens (cyclophosphamide, doxorubicin, paclitaxel)** still available at leading public hospitals.
- Free-of-cost treatment for registered patients in select facilities.
- Resilience of medical professionals and grassroots volunteers (e.g., **Syrian Cancer Society** initiatives).

Weakness

- **Severe shortage of advanced therapies** (HER2-targeted drugs, CDK4/6 inhibitors).
- National funding for cancer care has diminished; research is minimal or paused.
- Few ongoing awareness programs—focus mainly in Damascus and Aleppo.

S W O T

Opportunity

- Collaborate with WHO, UNDP, and international NGOs for treatment supplies and capacity building.
- Empower local civil society to rebuild breast cancer advocacy and education.

Threats

- Economic crisis limits patient affordability—even for transport or diagnostics.
- Black-market or expired drugs pose treatment risks due to lack of regulation.

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	3	3	3
Kenya	2	2	2
Nigeria	2	2	2
Egypt	3	3	3
Morocco	2	2	3
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	4	4	4
South Korea	4	4	4
China	3	4	3
Thailand	3	3	3
Singapore	4	5	5
United Kingdom	4	5	5
Germany	5	5	5
France	4	5	5
Netherlands	5	5	5
Sweden	5	5	5
Italy	4	4	4
Spain	4	4	4
Poland	3	3	3
Mexico	2	2	3
Brazil	3	3	3
Argentina	3	3	3
Chile	2	3	3
Colombia	2	2	3
United States	5	5	5
Canada	5	5	5
Australia	4	4	5
New Zealand	4	4	4
Greece	3	3	3
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	3	3
Saudi Arabia	4	4	4
UAE	4	4	4
Syria	2	1	1
Indonesia	3	2	3
Vietnam	3	2	3
Philippines	3	2	3
Russia	4	4	3

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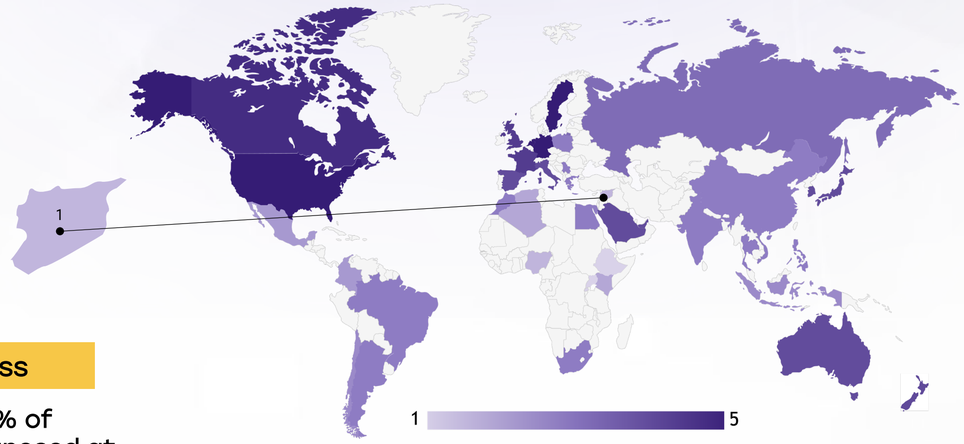
Survival Rates, Early Detection and Palliative Care



Strengths

- Specialized centers in **Damascus and Aleppo** still manage curative treatment for early-stage patients.
- Clinical breast exams (CBEs) are used in community outreach by local NGOs.

Weakness

- **Over 65–70% of women diagnosed at Stage III or IV**, many with locally advanced or metastatic disease.
- Palliative care services are **extremely limited**, with most support provided informally at home.

S W O T

Opportunity

- Integrate early detection into **maternal-child health (MCH)** and reproductive clinics.
- Train nurses and family doctors in symptom recognition and community-based palliative care.

Threats

- Widespread displacement and limited access to screening or follow-up destroy continuity of care.
- Poor nutrition, stress, and comorbidities reduce survival in advanced stages.

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	3	3	3
Kenya	2	2	2
Nigeria	2	1	2
Egypt	3	3	3
Morocco	3	3	3
Algeria	2	2	2
Ethiopia	1	1	1
India	3	3	3
Japan	4	4	4
South Korea	4	4	4
China	3	3	3
Thailand	3	3	3
Singapore	4	5	4
United Kingdom	4	5	4
Germany	5	5	5
France	4	5	4
Netherlands	5	5	5
Sweden	5	5	5
Italy	4	4	4
Spain	4	4	4
Poland	3	3	3
Mexico	2	3	2
Brazil	3	3	3
Argentina	3	3	3
Chile	2	3	3
Colombia	2	3	2
United States	5	5	5
Canada	5	5	4
Australia	4	4	4
New Zealand	4	4	4
Greece	3	3	3
Rwanda	1	1	1
Uganda	1	1	1
Serbia	3	3	3
Saudi Arabia	4	4	4
UAE	4	4	4
Syria	2	2	1
Indonesia	3	3	2
Vietnam	3	3	2
Philippines	3	3	3
Russia	4	3	3

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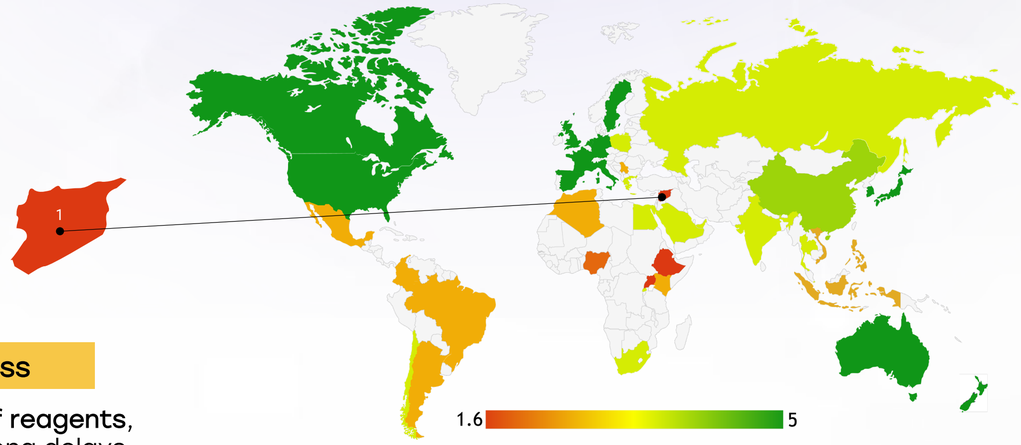
Utilization of Biomarkers



Strengths

- HER2, ER, PR testing available in select **university hospitals and private labs** in Damascus and Latakia.
- Testing often included in surgical oncology packages at public hospitals.

Weakness

- **Shortage of reagents**, leading to long delays (2–4 weeks or more) and sample backlogs.
- Testing is often **out-of-pocket** in private labs due to strained public budgets.

S W O T

Opportunity

- Establish central biomarker labs for public use with external NGO funding.
- Train pathologists in immunohistochemistry and quality control.

Threats

- Diagnostic delays result in empirical treatment, sometimes with poor outcomes.
- Sanctions may affect imports of essential pathology reagents and machines.

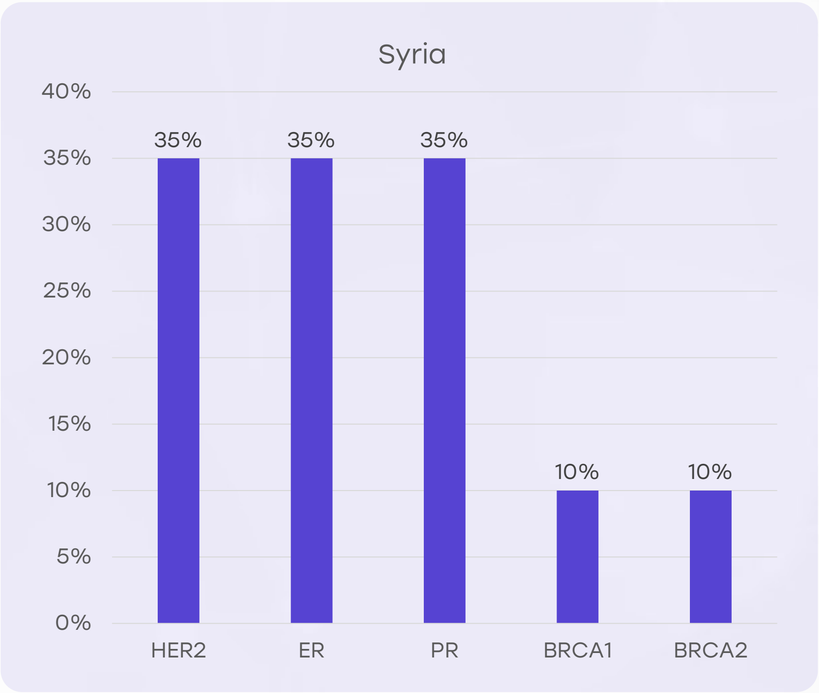
5. 80% Biomarker testing is widely available and routinely performed as part of standard clinical practice. Strong integration into treatment decisions, with national coverage and reimbursement ensuring accessibility.

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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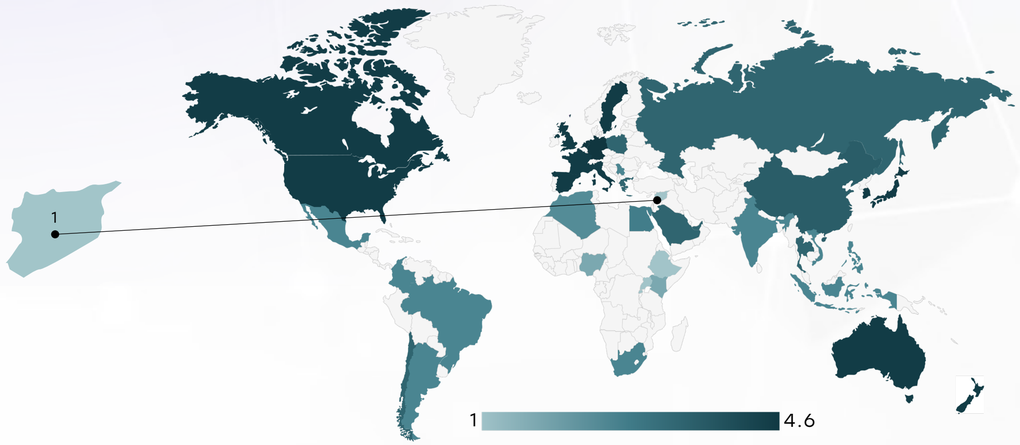
Clinical Guidelines



Strengths

- University hospitals adhere to **international standards (NCCN/ESMO)** where possible.
- Syrian oncologists remain highly trained and active despite limited resources.

Weakness

- **No updated national clinical guidelines** or standardized care pathways in post-conflict health plans.
- District and peripheral hospitals lack consistent protocol implementation.

S W O T

Opportunity

- Introduce **low-resource-adapted breast cancer pathways** using WHO and regional models.
- Establish a **national working group** on cancer protocols post-conflict.

Threats

- Inconsistencies in care delivery due to drug shortages or delayed referrals.
- Continued instability may deter national protocol development and implementation.

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

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Reimbursement

Strengths

- **Government covers treatment** in designated cancer centers for registered patients.
- Many oncologists waive consultation fees in hardship cases.

Weakness

- **Patients often pay out-of-pocket** for imaging, pathology, travel, supportive care, and unavailable drugs.
- Foreign nationals, IDPs (internally displaced persons), and returnees often face **barriers to eligibility.**

S W O T

Opportunity

- Collaborate with **humanitarian partners to subsidize diagnostics and biomarker tests.**
- Develop a **cancer hardship fund** via diaspora contributions.

Threats

- Collapse of the Syrian pound makes imported medications unaffordable.
- Inflation and economic collapse continue to erode patient access and adherence.

● 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

Strengths

- Breast cancer awareness events held periodically in **Damascus, Homs, and Latakia**, led by local NGOs.
- Some **CBE and health education** activities in women's primary health centers.

Weakness

- **No organized screening program**– mammography is opportunistic and limited to cities.
- Screening participation estimated at **<10%**, mostly among educated, urban women.

S W O T

Opportunity

- Restart **mobile breast screening programs** in stable governorates.
- Integrate CBE into **maternal-child health and refugee women's clinics.**

Threats

- Displacement, cultural stigma, and poverty hinder screening efforts.
- Most women present only when symptomatic due to **fear, fatalism, or cost.**

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)