International Cancer Patient Coalition

Argentina

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: 31.6 % of all female cancer.
- Age-standardized incidence rate: 71.3 per 100,000 women per year.
- Total cases (2022): 21,631 new cases.
- Proportion of total cancer cases in women: 31.6%.
- Daily diagnoses: ~59 women diagnosed per day.
- Age-standardized mortality rate: 17.6 per 100,000 women per year.
- Annual breast cancer deaths: ~5,400 deaths per year.
- Proportion of total cancer deaths in women: Leading cause of cancer mortality among women.
- 5-year prevalence: 68,380 cases among women.
- Screening and early detection: 30% of cases diagnosed at advanced stages.
- National Program for Control of Breast Cancer (PNCM): Focused on timely treatment and reducing mortality.

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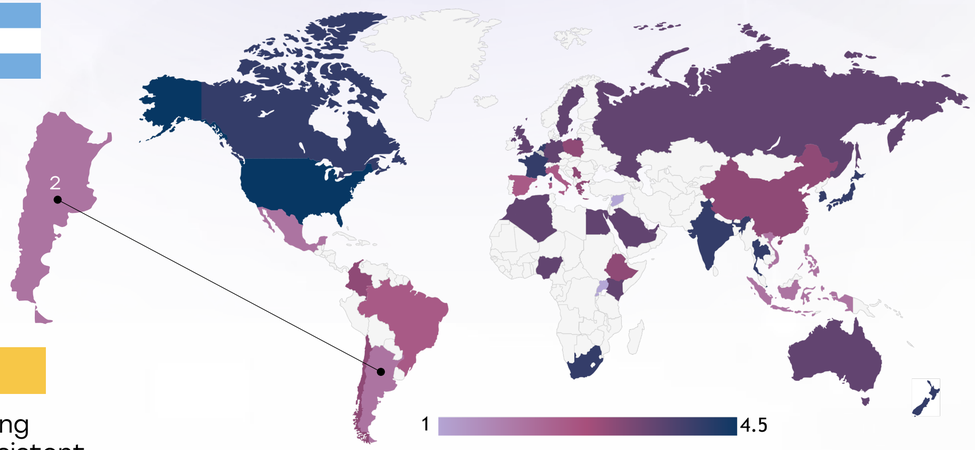
Infrastructure



Strengths

- National cancer centers like INC offer comprehensive care.
- Precision medicine initiatives are underway (e.g., National Plan).

Weakness

- Advanced testing access is inconsistent, especially in public hospitals.
- Limited lab capacity and reimbursement hinder molecular diagnostics.

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Opportunity

- Expand lab infrastructure and telemedicine beyond Buenos Aires.
- Strengthen public-private partnerships for diagnostics.

Threats

- Persistent urban-rural disparity in service access.
- Funding gaps may delay scale-up of infrastructure initiatives.

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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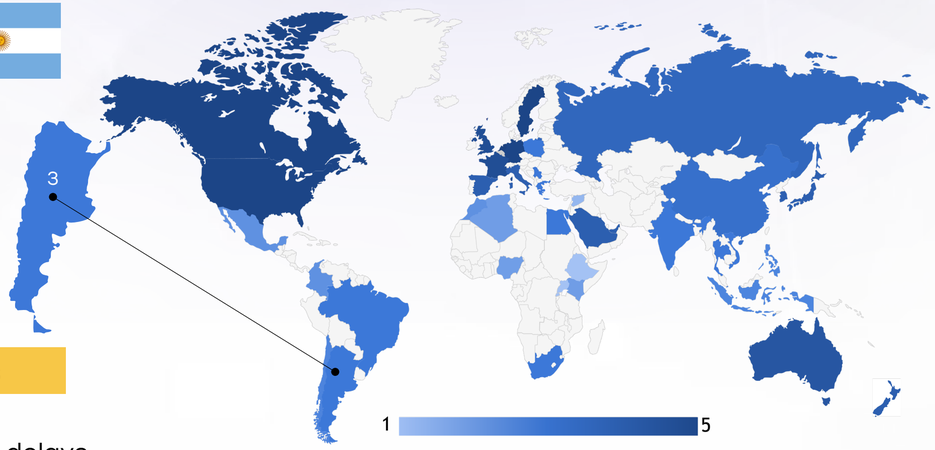
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Major cities offer modern treatments; HER2 therapies are reimbursed.
- National awareness campaigns exist, led by civil society.

Weakness

- Public sector patients face delays and bureaucratic hurdles.
- Oncology research is underfunded (<6% of health R&D).

S W O T

Opportunity

- Boost national R&D funding for breast cancer.
- Build year-round awareness campaigns beyond NGOs.

Threats

- Inconsistent treatment access widens socioeconomic inequities.
- Lagging trial infrastructure may limit innovation.

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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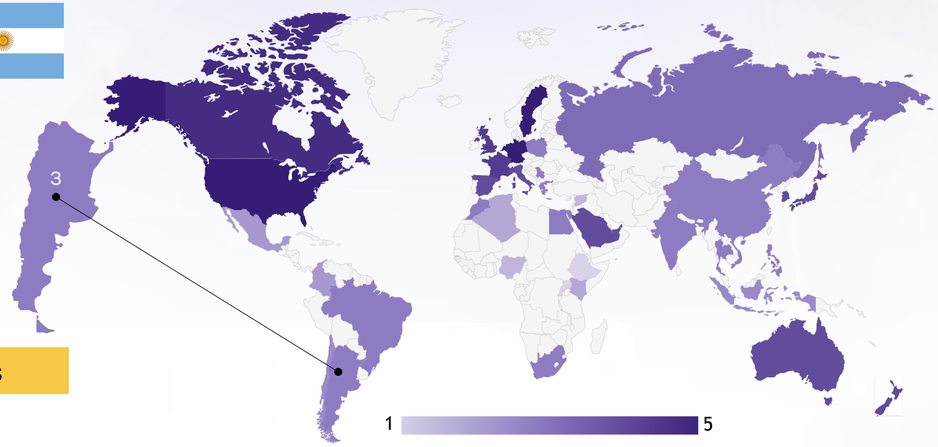
Survival Rates, Early Detection and Palliative Care



Strengths

- 5-year breast cancer survival ~75% with recent improvements.
- National plans support detection and palliative care expansion.

Weakness

- Screening participation remains below 60%; palliative coverage sparse.
- One palliative unit per 1.2 million people; low geographic coverage.

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Opportunity

- Expand community outreach and mobile palliative units.
- Increase investment in screening infrastructure.

Threats

- Rural populations experience high diagnostic and treatment delays.
- Continued underfunding may stall survival rate improvements.

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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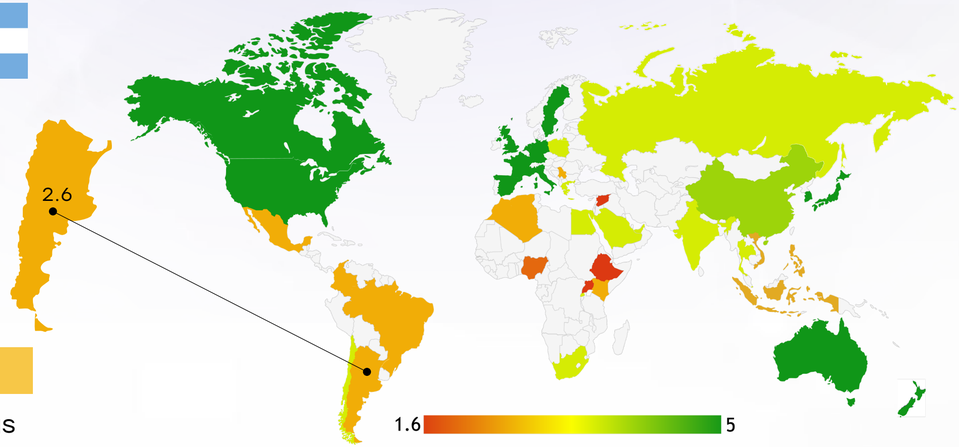
Utilization of Biomarkers



Strengths

- HER2/ER/PR testing routine in private settings.
- Government-led initiatives aim to expand access (e.g., INC programs).

Weakness

- Public sector lags in BRCA testing; high out-of-pocket costs (~$500+).
- Testing quality and availability vary by hospital.

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Opportunity

- Subsidize BRCA/genomic testing for high-risk groups.
- Standardize protocols across public hospitals.

Threats

- Inequitable access to testing delays personalized treatment.
- High costs prevent uptake of precision medicine tools.

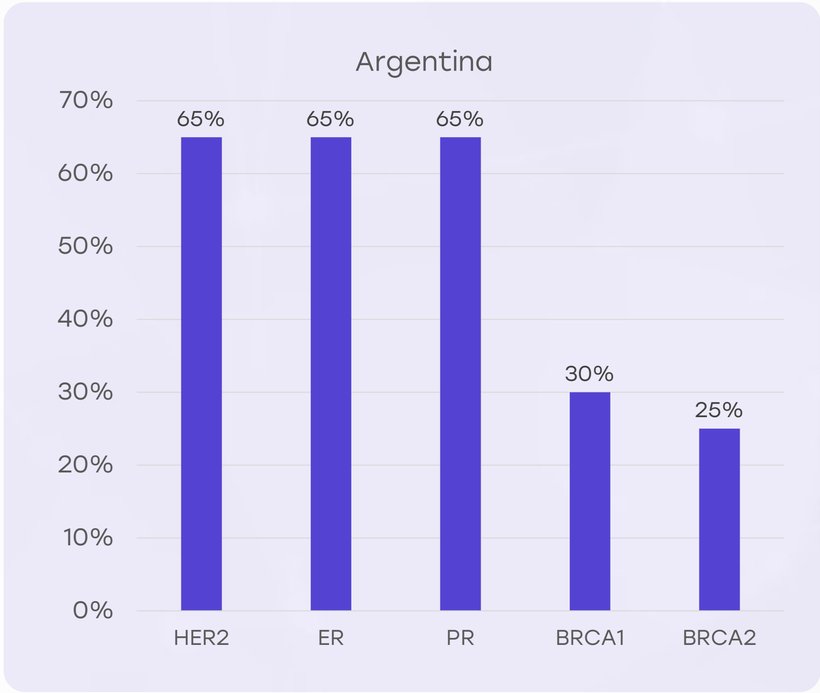
5. 80% Biomarker testing is widely available and routinely performed as part of standard clinical practice. Strong integration into treatment decisions, with national coverage and reimbursement ensuring accessibility.

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

- National protocols align with ESMO and NCCN.
- HER2+ and TNBC pathways are part of standard guidelines.

Weakness

- Guideline implementation uneven in public sector.
- Continuing medical education not uniformly applied.

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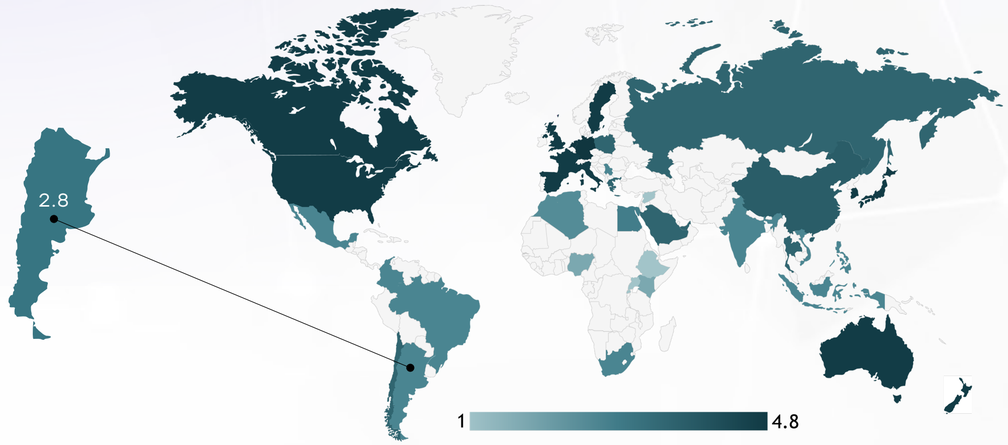
Opportunity

- Develop targeted HER2+ training and updates on new classifications.
- Monitor and audit regional guideline adherence.

Threats

- Delayed access to newer drugs reduces practical relevance of guidelines.
- Variable protocol enforcement increases treatment inconsistency.



	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

- Trastuzumab and standard treatments covered by insurance systems.
- Social security or private coverage includes ~70% of population.

Weakness

- 30% of population reliant on delayed or partial public coverage.
- BRCA, PARP inhibitors, CDK4/6 drugs often not fully reimbursed.

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Opportunity

- Expand reimbursement to include diagnostic and newer therapies.
- Fast-track drug access via centralized procurement and pre-authorization.

Threats

- Legal appeals and administrative delays cause treatment gaps.
- Unequal coverage fuels geographic and income-based disparities.

O 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.

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

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Breast Cancer Screening

Strengths

- National program offers biennial mammograms for women 50–69.
- Screening is reimbursed under public and private insurance.

Weakness

- Only ~55–60% screening coverage; rural gaps persist.
- Wait times in public hospitals often exceed 3 months.

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Opportunity

- Expand mobile screening programs (e.g., LALCEC) and reduce delays.
- Use digital reminders and regional registries to boost participation.

Threats

- Inequity between private vs. public screening access.
- Cultural and logistical barriers reduce uptake in lower-income 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)