



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 in women, making up over 21% of all female cancer cases
- Incidence rate: Age-standardized rate ~57.7 per 100,000 women per year
- Total new cases (2022/2023): Approximately 78,800 women newly diagnosed
- Daily diagnoses: Around 216 women per day
- Deaths: Roughly 22,100 women annually
- 5-year survival rate: Generally high for early-stage disease (over 80-90% if detected early); national average lower due to late-stage detection
- Most affected age group: Primarily women aged 50 and above; screening pilots target 40-60 age group
- Screening participation: No fully organized national mammography programme; opportunistic/self-exam campaigns and regional screening (e.g., Moscow, Siberia) exist, but coverage remains inconsistent and lower than Western Europe



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Infrastructure

Strengths

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- Large network of oncology dispensaries, regional cancer centers, and federal institutions (e.g., Blokhin Cancer Research Center in Moscow).
- Availability of mammography, ultrasound, MRI, and biopsy services in urban areas.
- Implementation of federal projects to upgrade oncology infrastructure since 2019.

Opportunity

- Use of federal digital programs to track diagnostics and speed up referrals.
- Expand mobile screening units in regions with no oncology clinics.

Weakness

- Significant disparity in service quality between urban centers (e.g., Moscow, St. Petersburg) and remote regions (e.g., Siberia, Far East).
- Underutilization of available equipment due to workforce shortages and inefficiencies.
- Long waiting times for diagnostics in rural regions (4-8 weeks reported).

Threats

- Centralized system limits local autonomy and innovation.
- Geographical challenges in vast regions slow down care coordination.

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

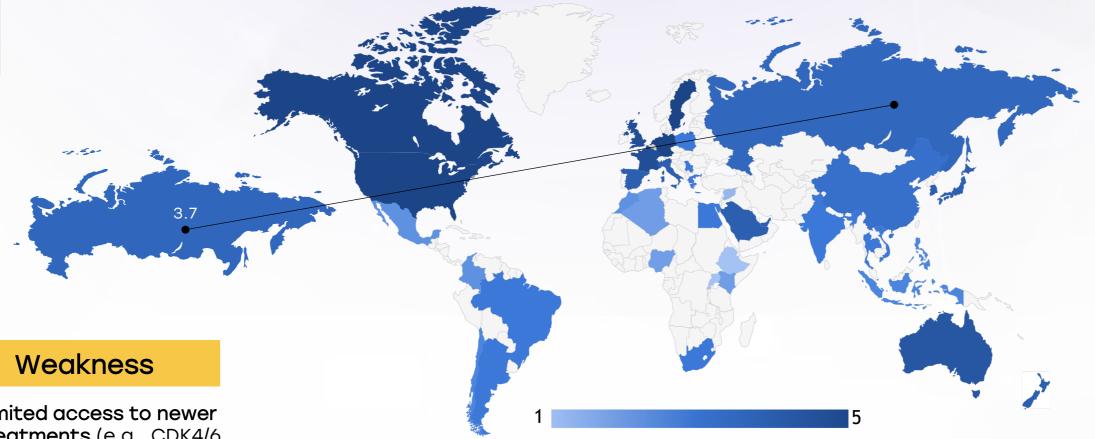
- 4. Strong infrastructure in major hospitals and cancer centers, some regional disparities.
- 3. Moderate infrastructure, primarily in private settings or research institutions.
- 2. Limited infrastructure, available only in select centers or for high-cost private testing.
- 1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	<u> </u>	<u> </u>
Kenya		
Nigeria		
Egypt		<u> </u>
Morocco		
Algeria		
Ethiopia		
India	<u> </u>	<u> </u>
Japan		
South Korea		
China	<u> </u>	
Thailand	0	<u> </u>
Singapore		
United Kingdom		
Germany		
France		
Netherlands		
Sweden		
Italy		
Spain		
Poland		
Mexico		
Brazil		
Argentina		
Chile		
Colombia		
United States		
Canada		
Australia		
New Zealand		
Greece	<u> </u>	0
Rwanda		
Uganda		
Serbia	0	0
Saudi Arabia	0	
UAE	0	0
Syria		
Indonesia		
Vietnam		
Philippines		
Russia		



Russia

Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Access to standard treatments (surgery, radiotherapy, chemotherapy, hormone therapy) covered by the Compulsory Health Insurance (CHI).
- Russia has its own manufacturing of generics and biosimilars, improving affordability.
- National awareness campaigns (e.g., "Pink Ribbon") supported by Ministry of Health and NGOs.

Opportunity

- Expand domestic oncology R&D and participate in multinational breast cancer research.
- Enhance use of teleoncology and regional networks for treatment monitoring.

- Limited access to newer treatments (e.g., CDK4/6 inhibitors, PARP inhibitors) under public coverage.
- Low participation in international clinical trials and limited patient advocacy engagement.

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- Sanctions and regulatory delays may limit access to the latest cancer innovations.
- Lack of long-term survivorship support or rehabilitation programs.

- 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	0	\bigcirc	<u> </u>
Kenya	0		0
Nigeria	0		
Egypt	0	<u> </u>	<u> </u>
Morocco	0		0
Algeria	0		
Ethiopia			
India	<u> </u>		
Japan			
South Korea			
China	<u> </u>		
Thailand	<u> </u>	\bigcirc	<u> </u>
Singapore			
United Kingdom	0		
Germany			
France	0		
Netherlands			
Sweden			
Italy	0	<u> </u>	0
Spain	0	<u> </u>	0
Poland	0	<u> </u>	<u> </u>
Mexico	0		<u> </u>
Brazil	0	\bigcirc	<u> </u>
Argentina	0	<u> </u>	0
Chile	0	<u> </u>	0
Colombia	0		0
United States			
Canada			
Australia	0		
New Zealand	0		
Greece	0	\bigcirc	<u> </u>
Rwanda			
Uganda			
Serbia		<u> </u>	0
Saudi Arabia			
UAE		<u> </u>	0
Syria			
Indonesia	0		0
Vietnam			0
Philippines	0	<u> </u>	0
Russia			



Russia

Survival Rates, Early **Detection and** Palliative Care

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 5-year survival for earlystage breast cancer exceeds 85% in specialized centers.

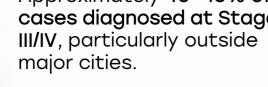
Strengths

- · Availability of palliative care units in major oncology centers; coverage expanding under federal strategy.
- Federally funded programs for pain relief and homebased palliative care since 2020.

Opportunity

- Strengthen training of general practitioners to recognize early symptoms.
- Promote breast health education in rural and underserved populations.

- Approximately 40-45% of cases diagnosed at Stage III/IV, particularly outside major cities.
- Fragmented early detection pathways and delays in



biopsy confirmation.

Threats

- Stigma and distrust in public health systems reduce participation in follow-up and rehabilitation.
- Late-stage diagnosis continues to burden the public health system.



Palliative

Care

Philippines

Russia

Early

Detection



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Utilization of Biomarkers

Strengths

- HER2, ER, PR testing routinely performed in regional oncology centers.
- Some public centers provide Ki-67, BRCA1/2, and PD-L1 testing when indicated.

Weakness

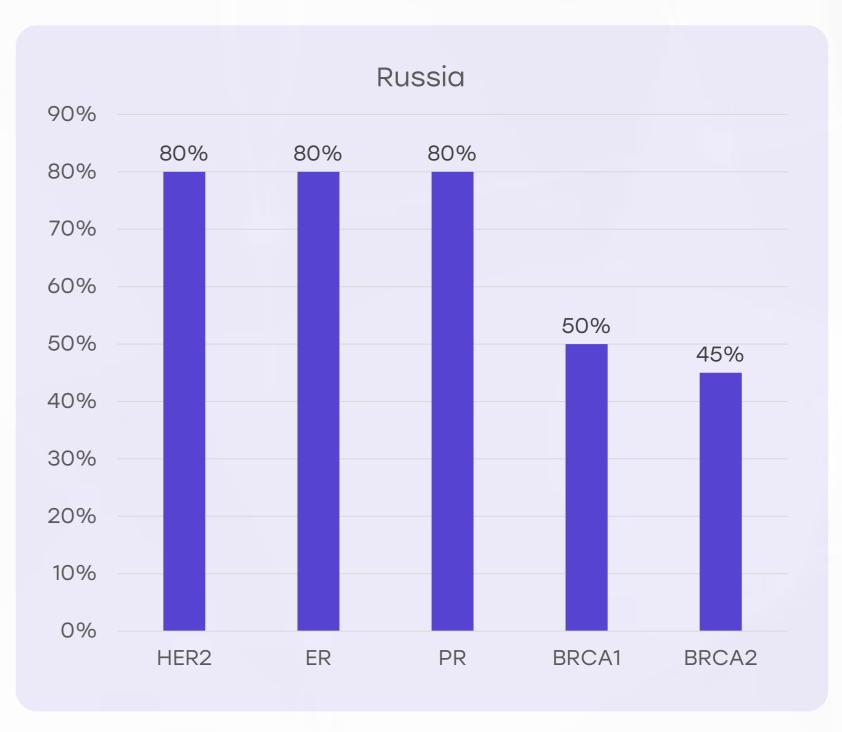
- Turnaround time for molecular results can be 2-4 weeks in regional labs.
- BRCA testing access limited outside urban areas and not always reimbursed.

Opportunity

- Localize biomarker test manufacturing and reduce dependency on foreign reagents.
- Implement nationwide HER2 testing standards to ensure uniformity.

- Budget constraints and workforce shortages affect lab capacity.
- Uneven test access can lead to misclassification and suboptimal treatment.

- 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.
- <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.





Russia Clinical Guidelines

Strengths

- Russia follows national clinical guidelines developed by the Ministry of Health, updated regularly and aligned with international standards.
- Multidisciplinary teams (MDTs) are institutionalized in federal oncology centers.

Opportunity

- Digital distribution of protocols via federal medical portals and EHR integration.
- Launch national CME programs focused on oncology updates.

Weakness

- Limited adherence to guidelines at smaller hospitals and districtlevel facilities.
- Lack of continuous medical education for many frontline providers.

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- Administrative burden may limit time for physicians to adopt evolving protocols.
- Regional fragmentation in health governance slows adoption of best practices.



	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	*	0	*	*	*
Feasibility of Integration	*	0	*	*	*
Adoption of International Guidelines	*	0	*	*	*
Engagement with Updates	*	*	0	*	*
ESMO Guidelines Implementation	*	0	*	*	*



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Reimbursement

Strengths

- The Compulsory Health Insurance (CHI) system covers most standard breast cancer treatments including surgery, radiotherapy, chemotherapy, and hormonal therapy.
- Public sector access to biosimilars (e.g., for trastuzumab) reduces cost burden.

Opportunity

- Introduce fast-track reimbursement for offpatent innovative drugs.
- Strengthen national registry to link reimbursement decisions with outcomes.

Weakness

- Advanced therapies like CDK4/6 inhibitors and PARP inhibitors are not always reimbursed or available in public hospitals.
- Reimbursement for some biomarker tests still varies by region.

- Economic fluctuations and global sanctions may affect medicine imports and affordability.
- Regional budget constraints can delay therapy availability.



- 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.

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	Country	Reimbursement	No-cost Access
Nigeria	South Africa		0
Egypt	Kenya		
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	Nigeria		
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Vietnam O O O O O O O O O O O O O O O O O O O	Syria		0
Philippines	Indonesia		\bigcirc
	Vietnam	0	
Russia	Philippines		
	Russia		





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Strengths

- Federally funded populationwide mammography screening program for women aged 40-75.
- Screening participation rate has reached ~48-50% nationally as of 2023.
- Mobile mammography units deployed to rural areas under national cancer plan.

Weakness

- Screening quality is inconsistent-some regions still use film-based mammography.
- False negatives and lack of follow-up remain common issues.

Opportunity

- Upgrade rural programs with digital mammography and AI tools for triage.
- Expand breast cancer awareness into workplace wellness and school curricula.

- Public mistrust in screening or miscommunication may limit uptake in older women.
- Regional data reporting inconsistencies may mask underperformance.

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)