International Cancer Patient Coalition

# China

# 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.

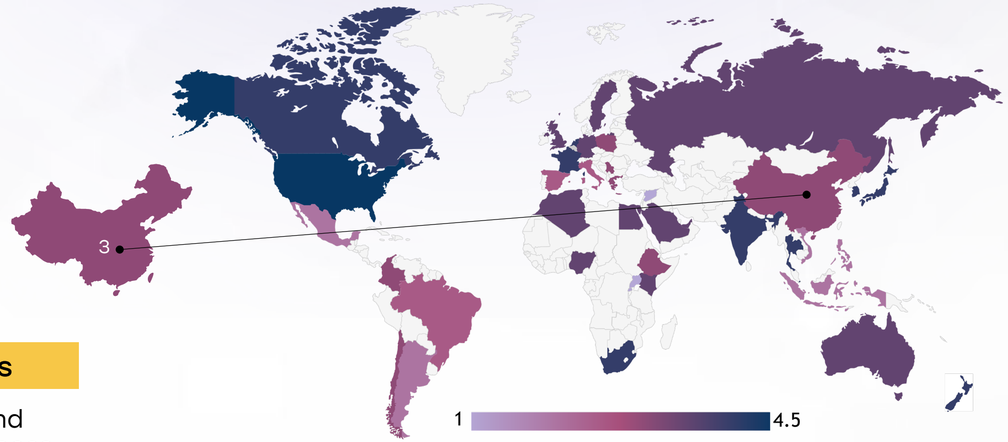
This factsheet provides a comprehensive overview of key pillars shaping breast cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Breast cancer incidence: 18.4% of all female cancers
- Incidence rate: 33.0 per 100,000 per year
- Total cases (2018-2022): 357,161 reported cases
- Ethnic distribution: Data not specified; regional variations observed
- Lifetime risk in China: 1 in 29 women
- Daily diagnoses (2018-2022): Approximately 978 women per day
- Breast cancer deaths (2018-2022): ~23.2% of total cases
- 5-year survival rate: ~83.2% (varies by stage)
- Young women cases: 3.8% under 35 years old
- Most affected age group: 45-49 years

International Cancer Patient Coalition

# China

## Infrastructure




### Strengths

- National Cancer Center and leading hospitals offer world-class diagnostics.
- HER2, ER, PR, BRCA1/2 testing available in top-tier hospitals.

### Weakness

- Diagnostic and specialist access limited in rural and lower-tier hospitals.
- Only 40–50% of eligible patients receive BRCA testing due to cost.

S W O T

### Opportunity

- Expand infrastructure via the Healthy China 2030 plan and telemedicine.
- Strengthen integration of molecular diagnostics in secondary hospitals.

### Threats

- Urban-rural disparities in oncology care persist.
- Rapid incidence rise may overwhelm current diagnostic infrastructure.

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.

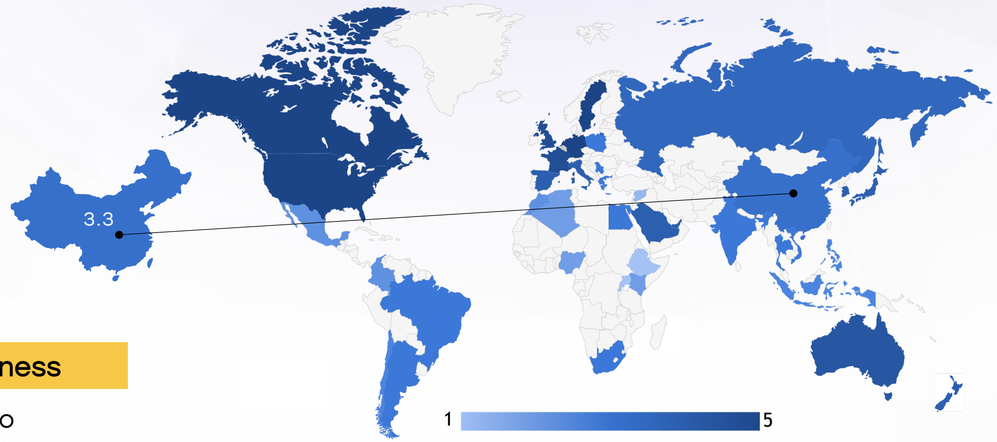
1. Minimal or no infrastructure, testing mostly unavailable or sent abroad.

| 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 |

International Cancer Patient Coalition

# China

## Treatment Access, Research Funding and Awareness Campaigns




### Strengths

- Advanced therapies like trastuzumab available in major cities.
- Over ¥500 million (~$70M USD) annually invested in oncology research.

### Weakness

- Access to innovative treatments lags in rural provinces.
- Awareness and participation rates low in low-income areas.

S W O T

### Opportunity

- Improve translation of research into clinical precision medicine.
- Expand nationwide awareness via programs like the Pink Ribbon campaign.

### Threats

- Research progress not uniformly reaching clinical practice.
- Resource limitations may delay expansion in underfunded regions.

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.

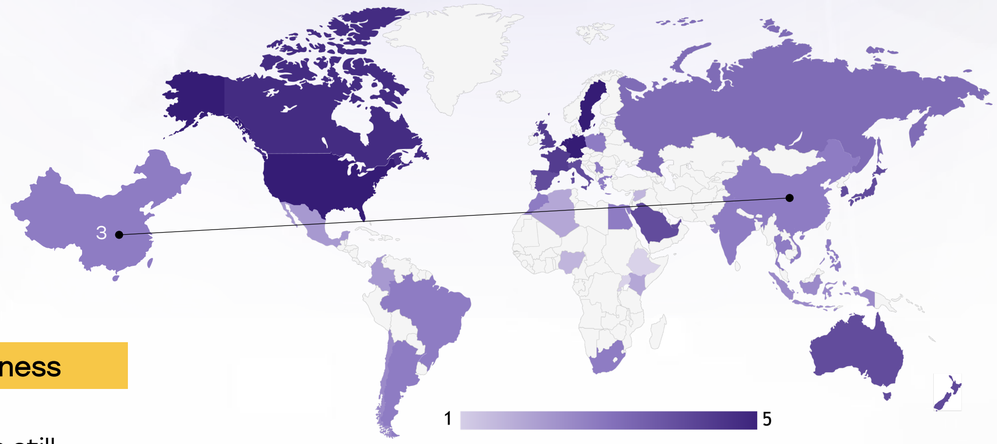
1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

| 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 |

International Cancer Patient Coalition

# China

## Survival Rates, Early Detection and Palliative Care




### Strengths

- National 5-year survival rate at ~83%; improving.
- Palliative care services expanding in urban hospitals.

### Weakness

- Delays in diagnosis still common in rural populations.
- Palliative care underdeveloped outside major cities.

S W O T

### Opportunity

- Strengthen rural screening via the Two Cancer Screening Program.
- Expand multidisciplinary palliative services nationwide.

### Threats

- Low rural participation may hinder gains in survival.
- Limited infrastructure threatens equitable end-of-life care.

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.

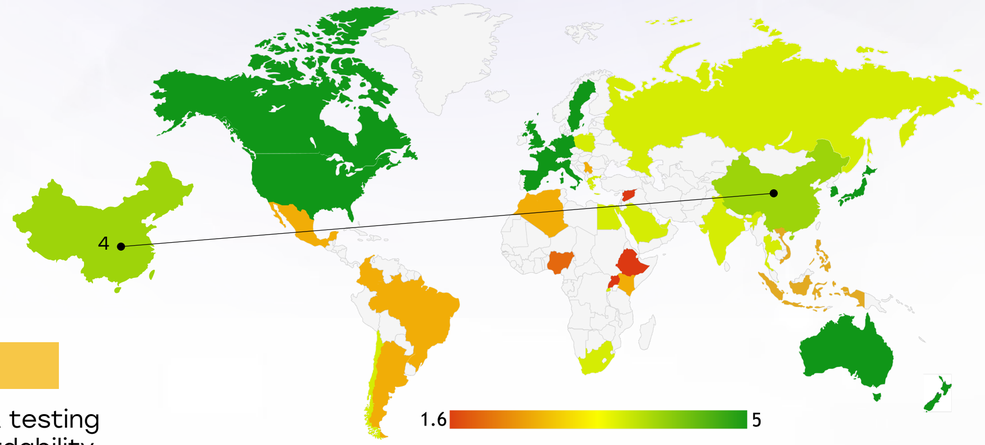
1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

| 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 |

International Cancer Patient Coalition

# China

## Utilization of Biomarkers




### Strengths

- HER2, ER, PR testing available to over 80% of patients in urban centers.
- Government prioritizing expansion via National Precision Medicine Strategy.

### Weakness

- NGS and BRCA testing limited in affordability and access outside cities.
- Cost remains a barrier for many patients.

S W O T

### Opportunity

- Broaden BRCA testing subsidies and access in rural hospitals.
- Integrate AI and cloud-based pathology to support biomarker delivery.

### Threats

- Fragmented access could delay personalized treatment adoption.
- Unreimbursed costs deter low-income patients from testing.

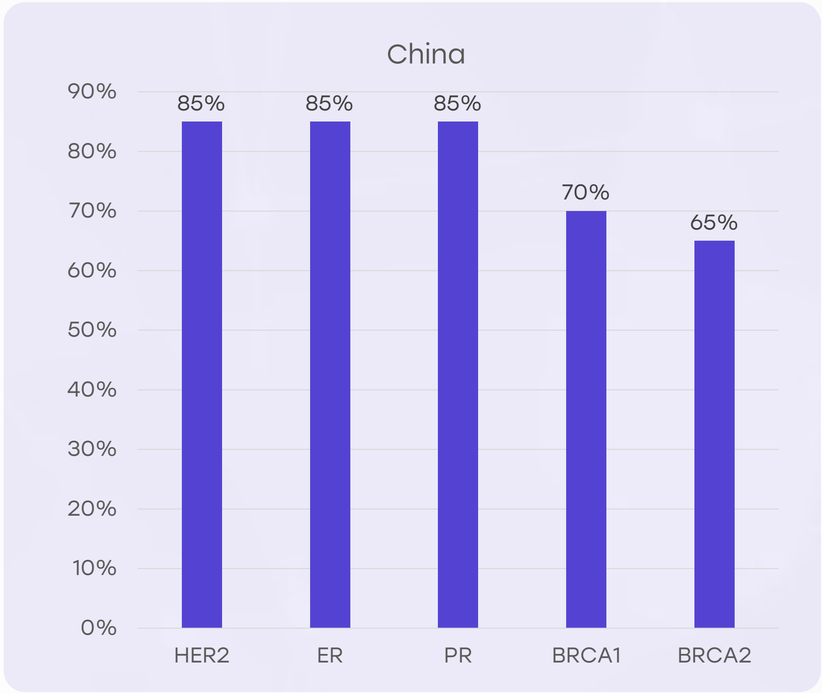
5. 80% Biomarker testing is widely available and routinely performed as part of standard clinical practice. Strong integration into treatment decisions, with national coverage and reimbursement ensuring accessibility.

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.

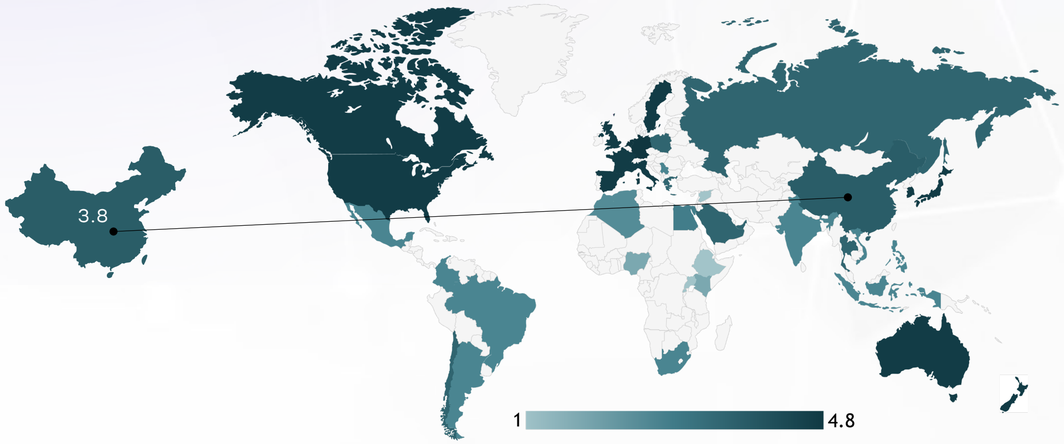
1. <20% Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.



International Cancer Patient Coalition

# China

## Clinical Guidelines




### Strengths

- Guidelines align with ESMO/NCCN and implemented in urban centers.
- Supported by AI diagnostics and national oncology networks.

### Weakness

- Rural facilities lag in adoption due to limited staff and tech.
- Real-time updates not always integrated beyond top-tier hospitals.

S W O T

### Opportunity

- Develop centralized digital CME and real-time guideline platforms.
- Increase participation in global guideline harmonization efforts.

### Threats

- Practice variation may widen between urban and rural providers.
- Resource gaps could delay equitable 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 | ✖ | ✖ | ✖ |

International Cancer Patient Coalition

# China

## Reimbursement

### Strengths

- Urban Employee and Rural Cooperative insurance covers key treatments.
- Trastuzumab and other standard HER2+ therapies reimbursed.

### Weakness

- Patients face high out-of-pocket costs for diagnostics and novel drugs.
- Partial reimbursement results in care delays for low-income populations.

S W O T

### Opportunity

- Expand reimbursement to advanced diagnostics and CDK4/6 inhibitors.
- Align rural and urban reimbursement policies through central planning.

### Threats

- Financial caps and co-pays limit real-world accessibility.
- Economic disparities slow drug uptake outside major cities.

O 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 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 | 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 |

International Cancer Patient Coalition

# China

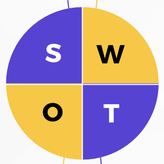
## Breast Cancer Screening

### Strengths

- Regional programs (e.g., CanSPUC) support mammography in urban women.
- National goals for expanded coverage via Healthy China 2030.

### Weakness

- Screening rates under 30%; especially low in rural provinces.
- Lack of nationwide standardization and education campaigns.




### Opportunity

- Expand rural screening via mobile units and subsidy programs.
- Use AI to prioritize high-risk women for early detection.

### Threats

- Uneven healthcare distribution may prolong late-stage diagnoses.
- Awareness gaps could continue to suppress participation rates.

| 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) |