International Cancer Patient Coalition

Australia

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.

- New Cases (2024): Approximately 21,194 people diagnosed (20,973 women, 221 men).
- Daily Diagnoses: Around 58 Australians diagnosed with breast cancer every day.
- Lifetime Risk: 1 in 7 women and 1 in 556 men will be diagnosed with breast cancer.
- Age Distribution: Most cases occur in women over 50.
- 5-Year Survival Rate: Improved from 79% (1991–1995) to 92% (2016–2020).
- Incidence Rate: Increased from 134 per 100,000 females (2000) to 149 per 100,000 (2024).
- Mortality (2022): Estimated 3,214 deaths (3,178 females, 36 males).
- Daily Deaths: Around 9 Australians die from breast cancer each day.
- Trends: Diagnoses have increased by 24% over the past decade.
- Risk by Age 85: 1 in 8 women and 1 in 668 men will develop breast cancer.

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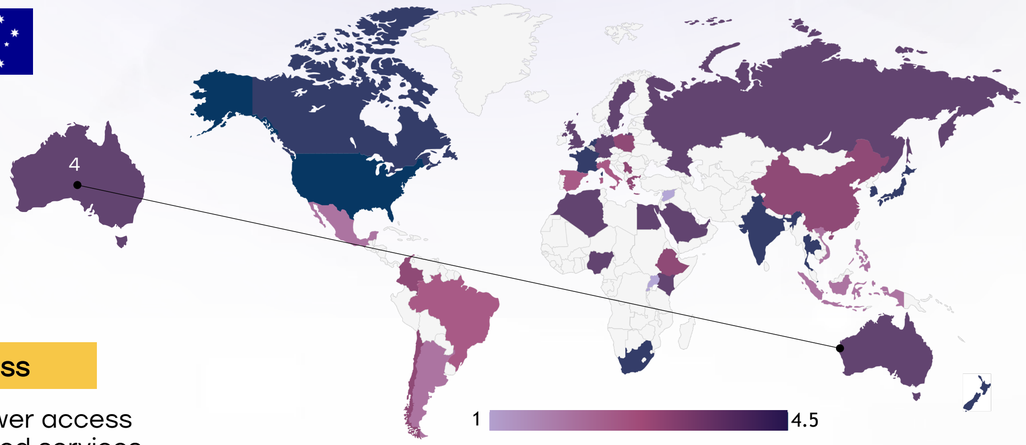
Infrastructure



Strengths

- Over 40 specialized cancer centers provide integrated care nationwide.
- High availability of molecular testing (HER2, ER, PR, BRCA1/2) in major hospitals.

Weakness

- 30–40% lower access to specialized services in rural and remote areas.
- Limited NGS and liquid biopsy access outside tertiary centers.

S W O T

Opportunity

- Expand telehealth and mobile diagnostic services to underserved areas.
- Boost rural lab capacity and national genomic infrastructure.

Threats

- Workforce shortages or delayed funding could widen regional access gaps.
- Geographic remoteness challenges timely diagnostics and care delivery.

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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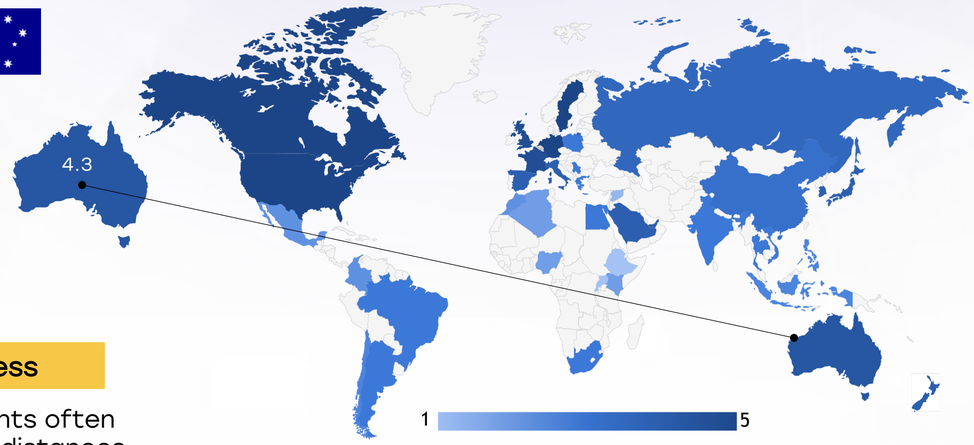
Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Universal healthcare covers most cancer therapies; PBS supports drug access.
- Over AUD 200 million invested annually in cancer research.

Weakness

- Rural patients often travel long distances for treatment.
- Participation in screening and trials is lower outside urban centers.

S W O T

Opportunity

- Expand outreach via mobile clinics and tele-oncology.
- Strengthen Indigenous and rural health equity through targeted funding.

Threats

- Rising demand and costs could strain national budgets.
- Socioeconomic disparities may affect uptake of awareness campaigns.

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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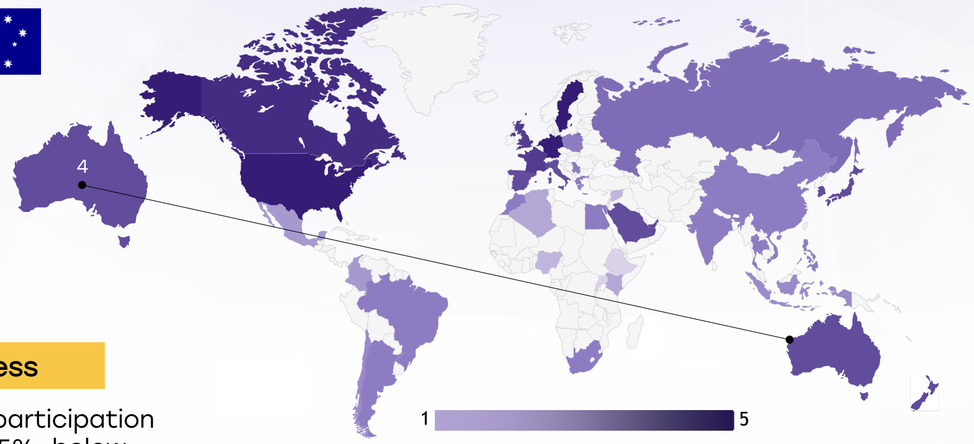
Survival Rates, Early Detection and Palliative Care



Strengths

- 5-year breast cancer survival exceeds 90%—among the world's highest.
- Palliative care services are nationally integrated and expanding.

Weakness

- Screening participation remains ~55%, below the WHO 70% target.
- Rural regions have fewer palliative care specialists and services.

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Opportunity

- Increase outreach and screening participation through personalized invitations.
- Train more rural GPs and nurses in early detection and palliative support.

Threats

- Aging population may increase demand for end-of-life care.
- Lower participation in vulnerable populations may limit national gains.

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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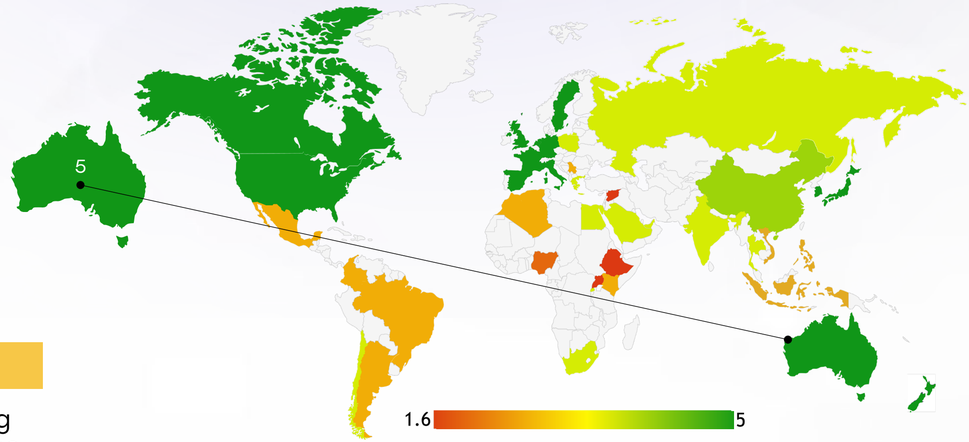
Utilization of Biomarkers



Strengths

- 95% of breast cancer patients receive HER2, ER, and PR testing.
- BRCA testing widely accessible and reimbursed for high-risk individuals.

Weakness

- Genomic testing turnaround times longer in rural areas.
- Some NGS and liquid biopsy tools not yet universally available.

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Opportunity

- Expand precision oncology via digital pathology and tele-genetics.
- Increase funding for emerging biomarkers and real-world evidence use

Threats

- Delayed adoption of new biomarkers could hinder personalized care.
- Disparities in access may slow equitable uptake of precision medicine.

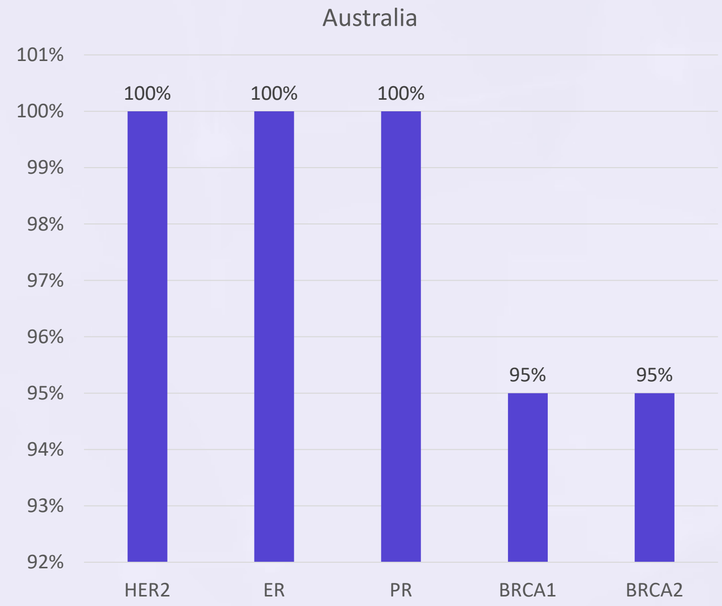
5. 80% Biomarker testing is widely available and routinely performed as part of standard clinical practice. Strong integration into treatment decisions, with national coverage and reimbursement ensuring accessibility.

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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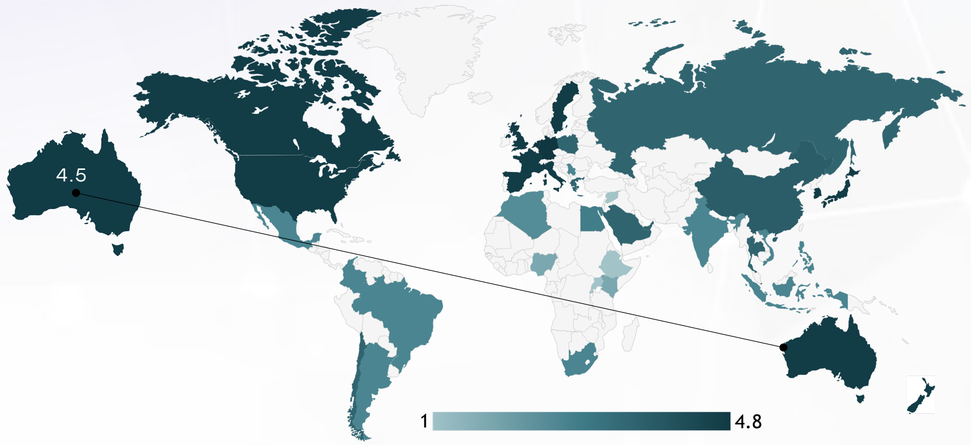
Clinical Guidelines



Strengths

- Strong alignment with NCCN and ESMO guidelines across all major centers.
- High adherence supported by national registries and multidisciplinary teams.

Weakness

- Delayed guideline implementation in some rural or under-resourced sites.
- Less frequent engagement with updates in smaller clinics.

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Opportunity

- Offer digital tools and CME for real-time guideline access.
- Standardize HER2-low and next-gen therapy pathways.

Threats

- Rapid drug development may outpace periodic guideline updates.
- Practice variation could emerge in lower-resourced regions.

	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

- Medicare and PBS provide comprehensive coverage for treatments and diagnostics.
- HER2 therapies and BRCA testing are subsidized for eligible patients.

Weakness

- Out-of-pocket costs (AUD 5K–17K) still affect private sector patients.
- Delayed access to some novel drugs pending PBS listing.

S W O T

Opportunity

- Expand reimbursement to cover new targeted therapies faster.
- Enhance public-private coordination to reduce patient financial burden.

Threats

- Budget constraints may limit future drug coverage expansion.
- Income inequality impacts access to expedited care in private systems.

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

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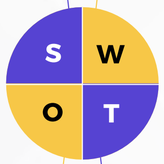
Breast Cancer Screening

Strengths

- BreastScreen Australia offers free biennial mammograms for ages 50–74.
- Screening has led to a 25–30% reduction in mortality.

Weakness

- Participation remains below optimal (55–60%), especially in remote areas.
- Indigenous and lower-income populations face barriers to screening



Opportunity

- Expand mobile screening units and culturally adapted outreach.
- Implement targeted reminder systems to boost attendance.

Threats

- Health literacy and cultural stigma may reduce participation.
- Workforce or equipment shortages could delay screening expansion.

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)