

Saudi Arabia

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.

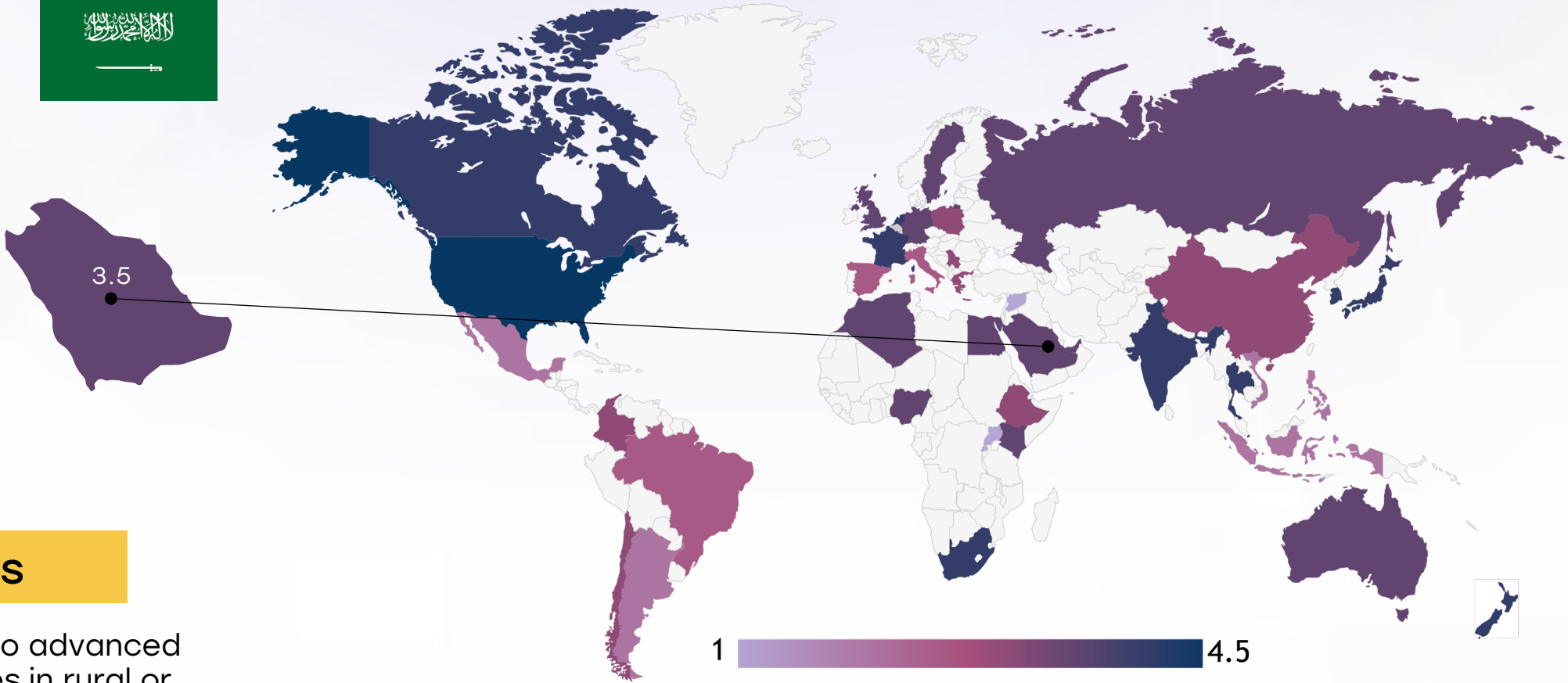
This factsheet provides a comprehensive overview of key pillars shaping breast cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Incidence share: Most common cancer among women—accounts for roughly 20–22% of all female cancers
- Incidence rate: Approximately 46 per 100,000 women (age-standardized, 2021/2022)
- Total new cases (2022 estimate): Roughly 6,100–6,300 women
- Daily diagnoses: Around 17 women per day
- Deaths (2021 estimate): About 1,200 annual deaths (age-standardized death rate ~9.7 per 100,000)
- 5-year survival rate: Generally 80–90% for early-stage disease; national average somewhat lower due to late diagnoses
- Most affected age group: Women aged 45–54, with peak incidence between 45–49 years
- Screening participation: No fully organized national mammography program; standard methods include self-exams, clinical breast exams, and mammography—but uptake is low (~8–12%); regional pilot programs show early detection but nationwide coverage remains inconsistent

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Infrastructure



Strengths

- Advanced oncology infrastructure in cities like Riyadh, Jeddah, and Dammam – led by King Faisal Specialist Hospital, King Abdulaziz Medical City, and National Guard Health Affairs.
- Wide availability of digital mammography, ultrasound, MRI, PET-CT, and stereotactic biopsies in tertiary centers.
- Ongoing modernization under Saudi Vision 2030, prioritizing cancer care investment

Weakness

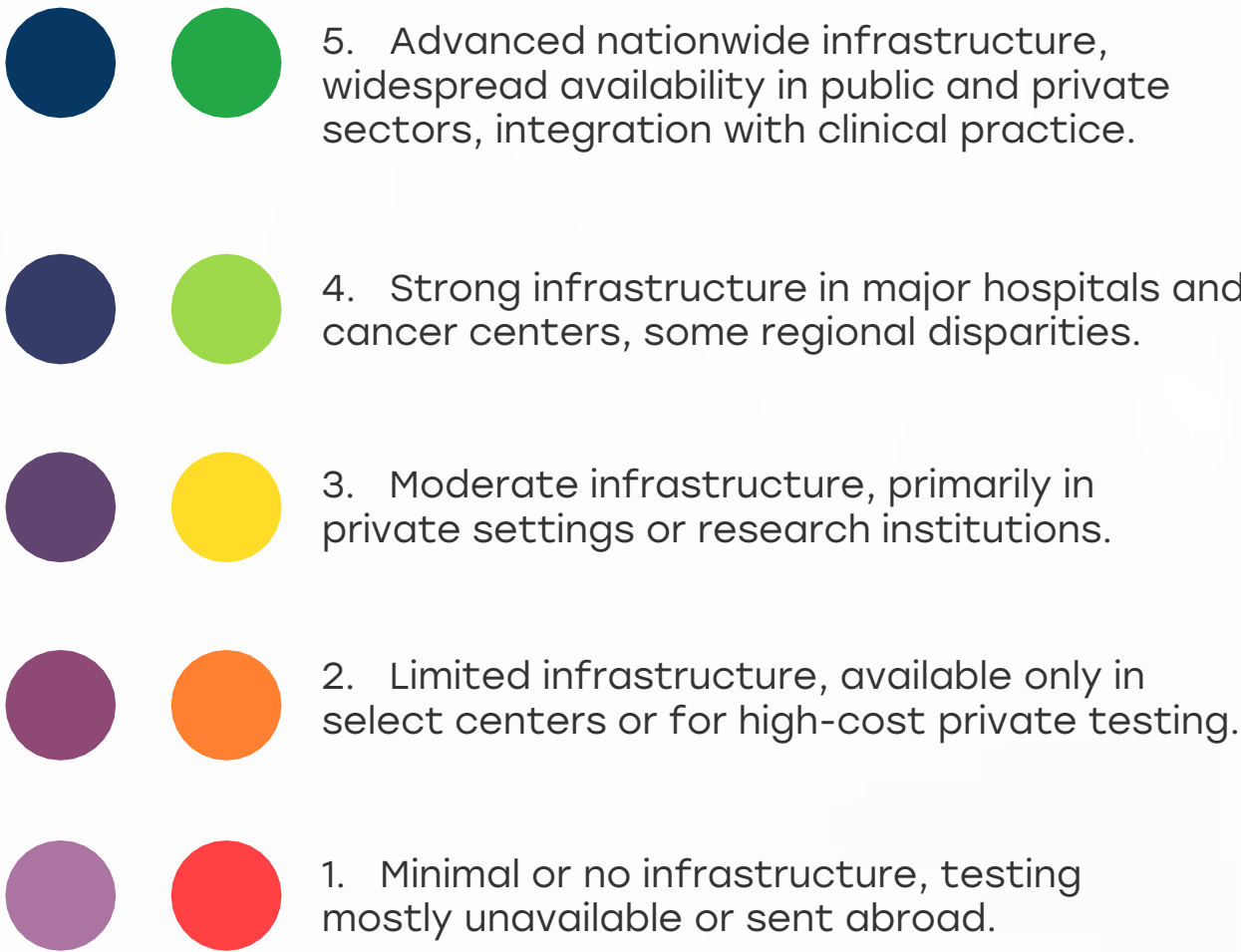
- **Limited access** to advanced oncology services in rural or remote areas.
- **Uneven distribution of oncologists**, especially female specialists in conservative regions.

Opportunity

- Expand **regional cancer hubs** with integrated diagnostic and treatment services in underserved provinces.
- Leverage telemedicine (already piloted during COVID-19) to support early diagnosis and follow-up.

Threats

- Rapid urban growth may outpace infrastructure upgrades.
- Reliance on expatriate oncology workforce poses a sustainability challenge.

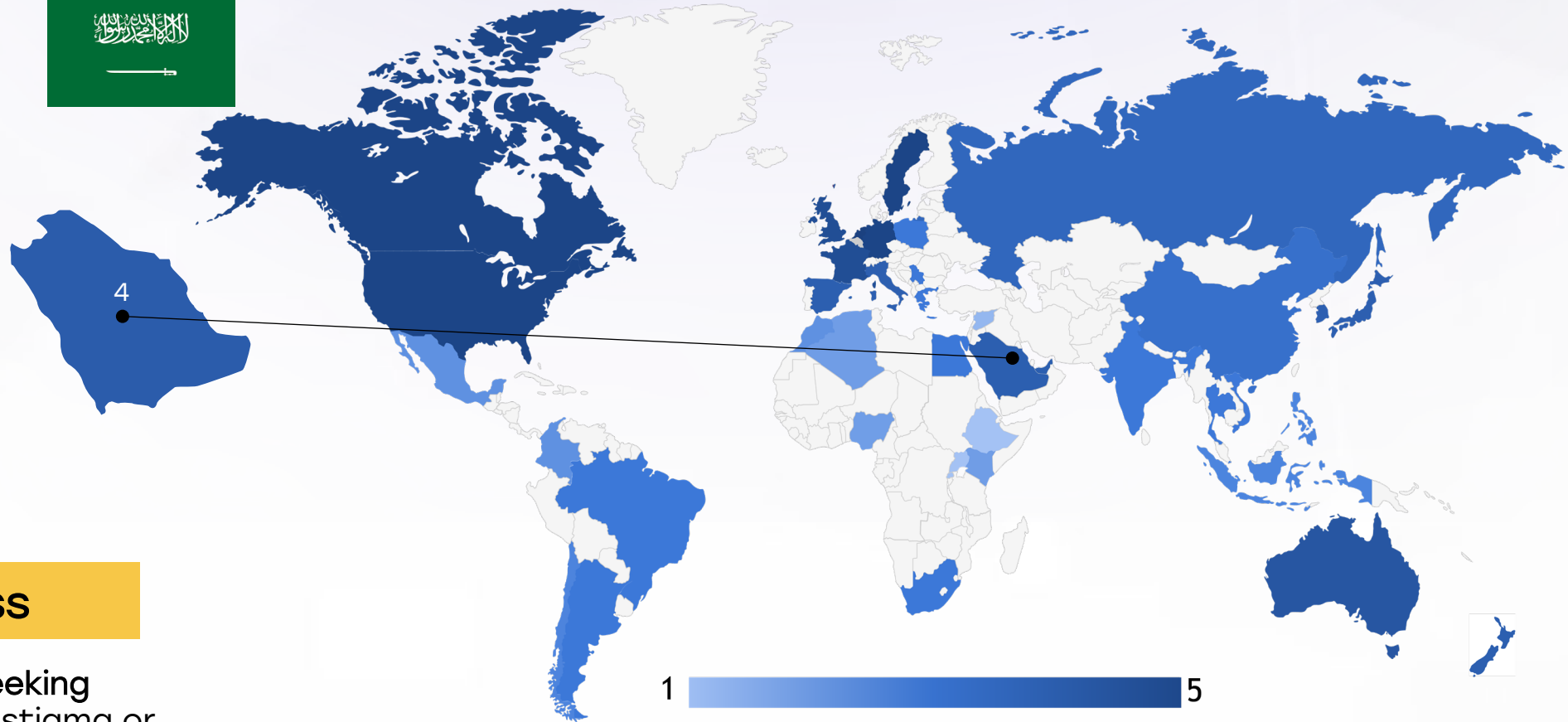


Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	<div></div>	<div></div>
Kenya	<div></div>	<div></div>
Nigeria	<div></div>	<div></div>
Egypt	<div></div>	<div></div>
Morocco	<div></div>	<div></div>
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Ethiopia	<div></div>	<div></div>
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South Korea	<div></div>	<div></div>
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United Kingdom	<div></div>	<div></div>
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Treatment Access, Research Funding and Awareness Campaigns



Strengths

- All citizens receive **free cancer treatment** in public hospitals.
- Breast cancer is one of the top government-prioritized conditions, with **national guidelines and funding**.
- Well-supported campaigns such as “**Pink October**,” **Zahra Breast Cancer Association**, and MOH-run screening buses.

Weakness

- **Delayed care-seeking behavior** due to stigma or lack of family support in conservative areas.
- Limited participation in **international breast cancer** clinical trials despite high patient volumes.

Opportunity

- Increase focus on **genomic and breast cancer survivorship research** through partnerships (e.g., KAUST, Alfaisal University).
- Targeted campaigns for **younger women**—as many cases occur under 50.

Threats

- Public-private system segmentation may create service duplication or gaps.
- High burden of **non-communicable diseases (NCDs)** like obesity may complicate treatment.



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.



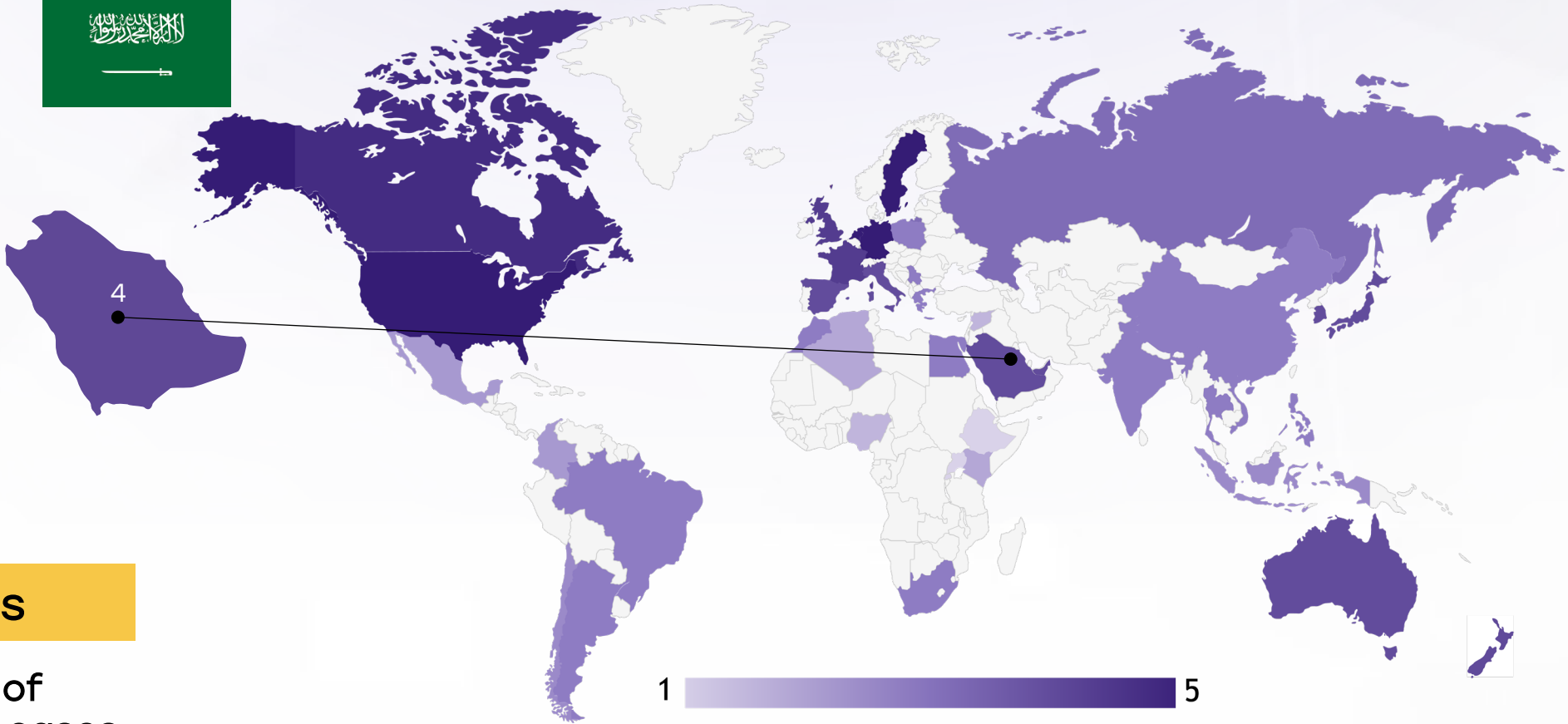
1. Poor infrastructure with severe barriers to treatment, little to no research funding, and lack of structured awareness campaigns. Cancer care is largely inaccessible, with many patients relying on out-of-pocket expenses or external aid.

Country	Treatment Access	Research Funding	Awareness Campaigns
South Africa	Yellow	Yellow	Yellow
Kenya	Orange	Orange	Orange
Nigeria	Orange	Orange	Orange
Egypt	Yellow	Yellow	Yellow
Morocco	Orange	Orange	Yellow
Algeria	Orange	Orange	Orange
Ethiopia	Red	Red	Red
India	Yellow	Yellow	Yellow
Japan	Green	Green	Green
South Korea	Green	Green	Green
China	Yellow	Green	Yellow
Thailand	Yellow	Yellow	Yellow
Singapore	Green	Green	Green
United Kingdom	Green	Green	Green
Germany	Green	Green	Green
France	Green	Green	Green
Netherlands	Green	Green	Green
Sweden	Green	Green	Green
Italy	Green	Green	Green
Spain	Green	Green	Green
Poland	Yellow	Yellow	Yellow
Mexico	Orange	Orange	Yellow
Brazil	Yellow	Yellow	Yellow
Argentina	Yellow	Yellow	Yellow
Chile	Orange	Yellow	Yellow
Colombia	Orange	Orange	Yellow
United States	Green	Green	Green
Canada	Green	Green	Green
Australia	Green	Green	Green
New Zealand	Green	Green	Green
Greece	Yellow	Yellow	Yellow
Rwanda	Red	Red	Red
Uganda	Red	Red	Red
Serbia	Yellow	Yellow	Yellow
Saudi Arabia	Green	Green	Green
UAE	Green	Green	Green
Syria	Orange	Red	Red
Indonesia	Yellow	Orange	Yellow
Vietnam	Yellow	Orange	Yellow
Philippines	Yellow	Orange	Yellow
Russia	Green	Green	Yellow

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Survival Rates, Early Detection and Palliative Care



Strengths

- 5-year survival for Stage I–II > 85% in major cancer centers.
- Introduction of national **palliative care services** integrated within MOH cancer hospitals.
- Breast cancer is the **most common cancer among Saudi women**, drawing significant attention and funding.

Opportunity

- Expand mobile screening vans and **community-based CBE programs** in collaboration with primary care.
- Strengthen training of family physicians in early breast cancer symptom detection.

Weakness

- Still, ~45–50% of breast cancer cases are diagnosed at advanced stage (III/IV).
- Gaps in early detection, especially in **low-literacy and tribal populations** in southern and northern regions.

Threats

- **Late-stage presentation and underreporting** affect survival estimates.
- Cultural hesitation around discussing or examining the breast leads to silence.



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.

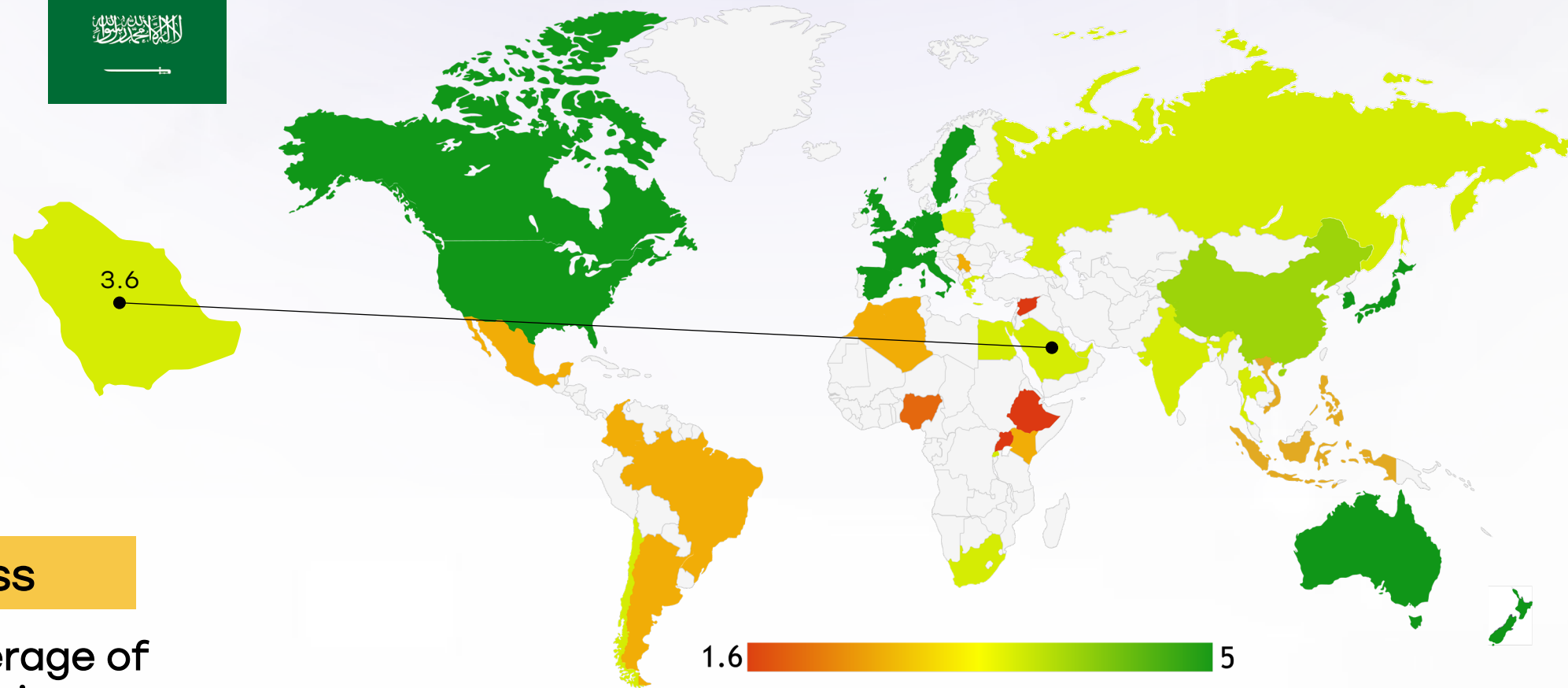
1. Very low survival rates, poor early detection infrastructure, and almost no palliative care services. Many patients are diagnosed late and lack proper support for pain management and end-of-life care.

Country	Survival Rates	Early Detection	Palliative Care
South Africa			
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			
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Serbia			
Saudi Arabia			
UAE			
Syria			
Indonesia			
Vietnam			
Philippines			
Russia			

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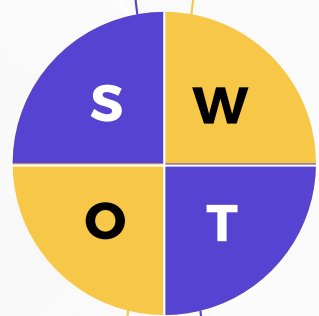


Utilization of Biomarkers



Strengths

- HER2, ER, PR testing is **routinely performed** across public and private cancer centers.
- Several centers offer BRCA1/2 testing for high-risk patients and familial cases.



Weakness

- Limited coverage of genomic testing or multigene assays (e.g., Oncotype DX); still out-of-pocket in most cases.
- Lack of central quality control for biomarker labs—risk of variability in IHC scoring.

Opportunity

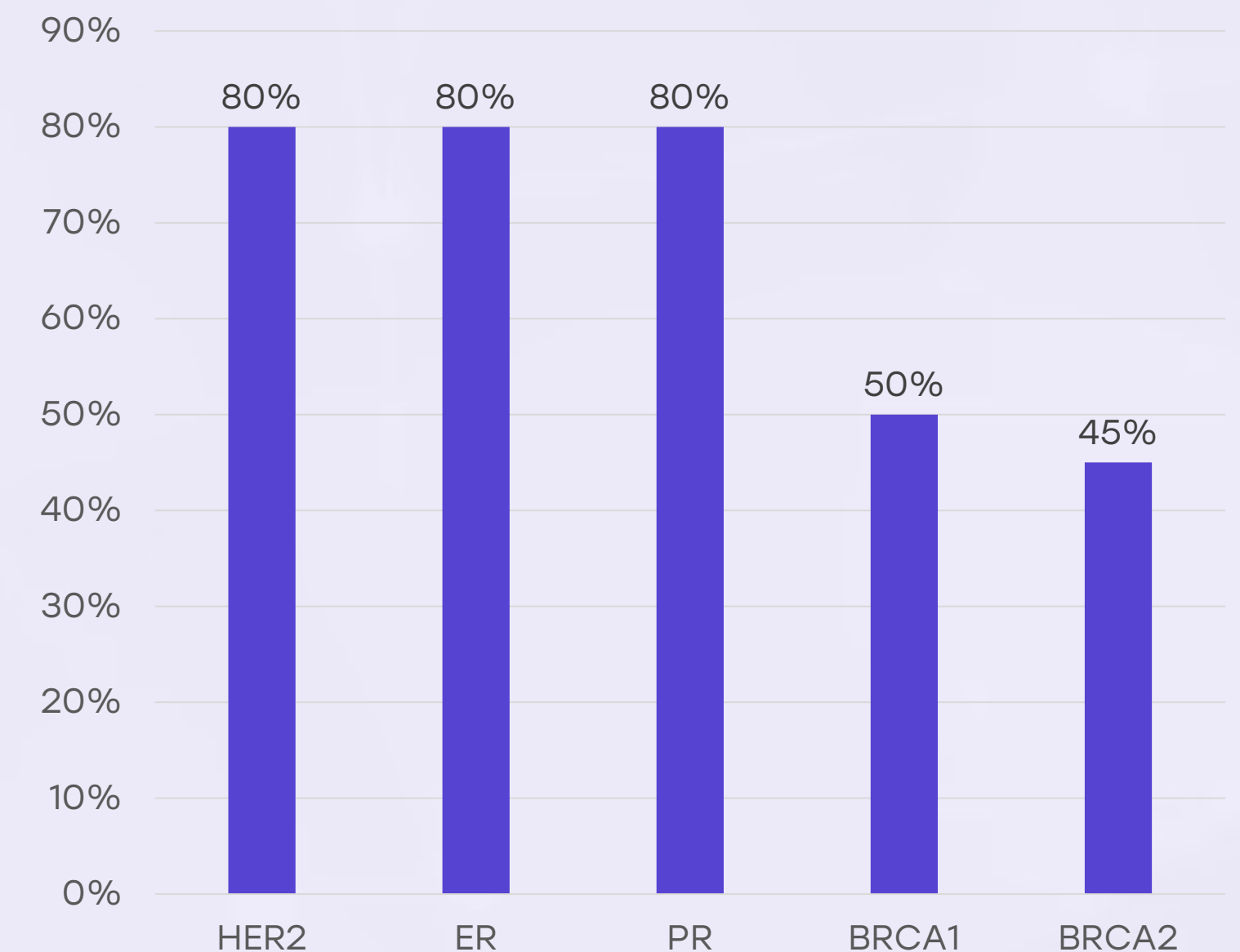
- Establish national biomarker registry and **standardized HER2 reporting** guidelines.
- Expand subsidized access to **BRCA and Ki-67 testing** in non-capital regions.

Threats

- Inconsistent access leads to **treatment mismatch** or delays.
- Limited training for pathologists in smaller cities for breast-specific markers.

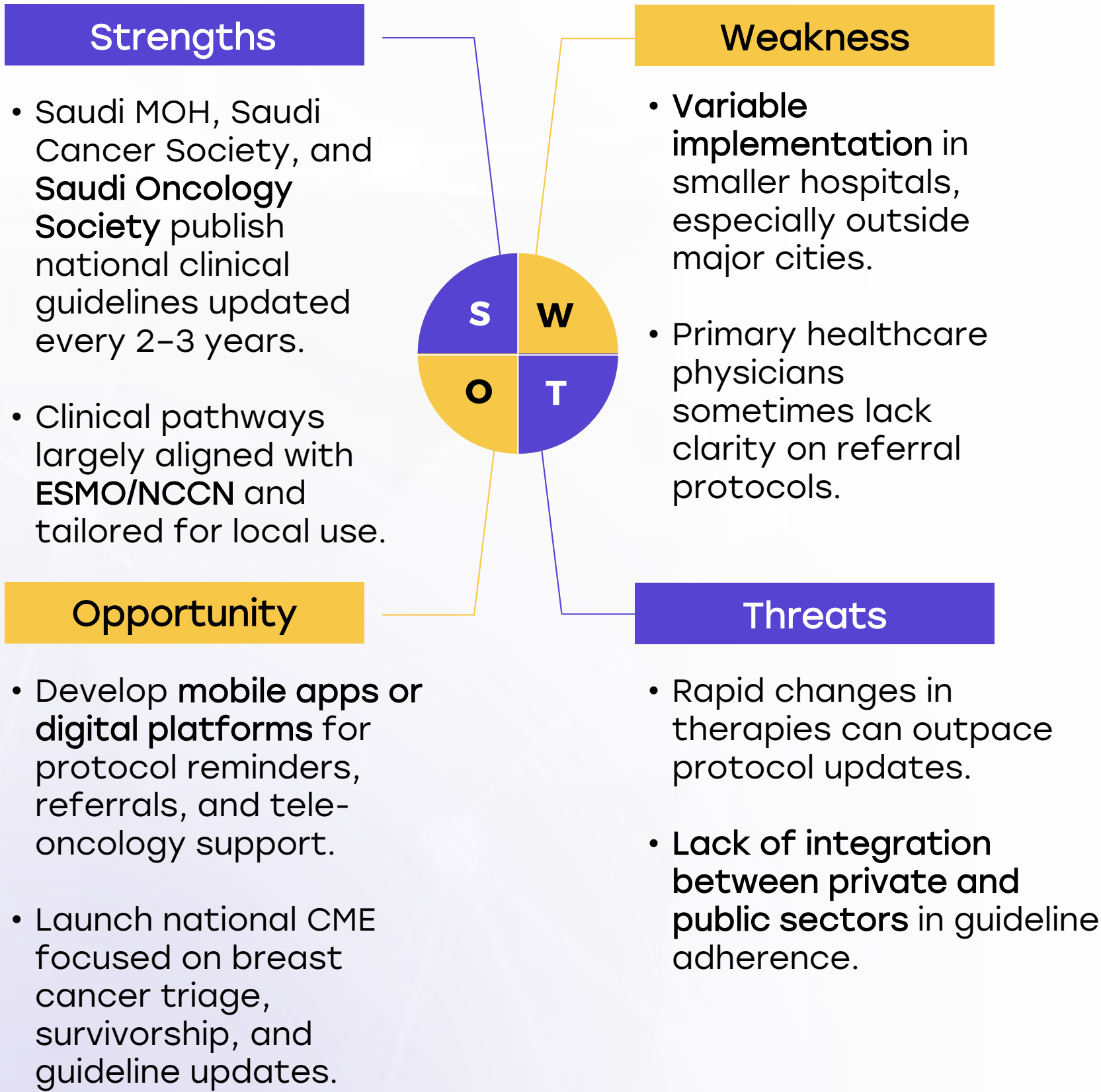
- 5. 80% Biomarker testing is widely available and routinely performed as part of standard clinical practice. Strong integration into treatment decisions, with national coverage and reimbursement ensuring accessibility.
- 4. 61-80%. Biomarker testing is commonly used, but access may be limited in certain 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



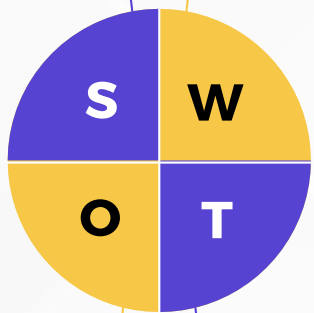
	Very High	High	Medium	Low	Very Low
Clinical Guideline Implementation	×	○	×	×	×
Feasibility of Integration	×	○	×	×	×
Adoption of International Guidelines	×	○	×	×	×
Engagement with Updates	×	×	○	×	×
ESMO Guidelines Implementation	×	○	×	×	×

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Strengths

- All citizens receive fully reimbursed treatment for breast cancer under MOH or public health systems.
- Private insurance coverage growing, especially in corporate-funded health plans.



Weakness

- Foreign nationals often have limited or variable coverage, depending on private insurance plans.
- Delays in drug registration or national listing (e.g., newer HER2-directed agents or CDK4/6 inhibitors).

Opportunity

- Create early access programs for high-impact therapies and biosimilars.
- National reimbursement policy to include supportive care (fertility preservation, nutrition, wigs, etc.).

Threats

- Rising cost of new therapies could pressure public budgets.
- Economic diversification policies may affect healthcare funding sustainability.



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.



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.



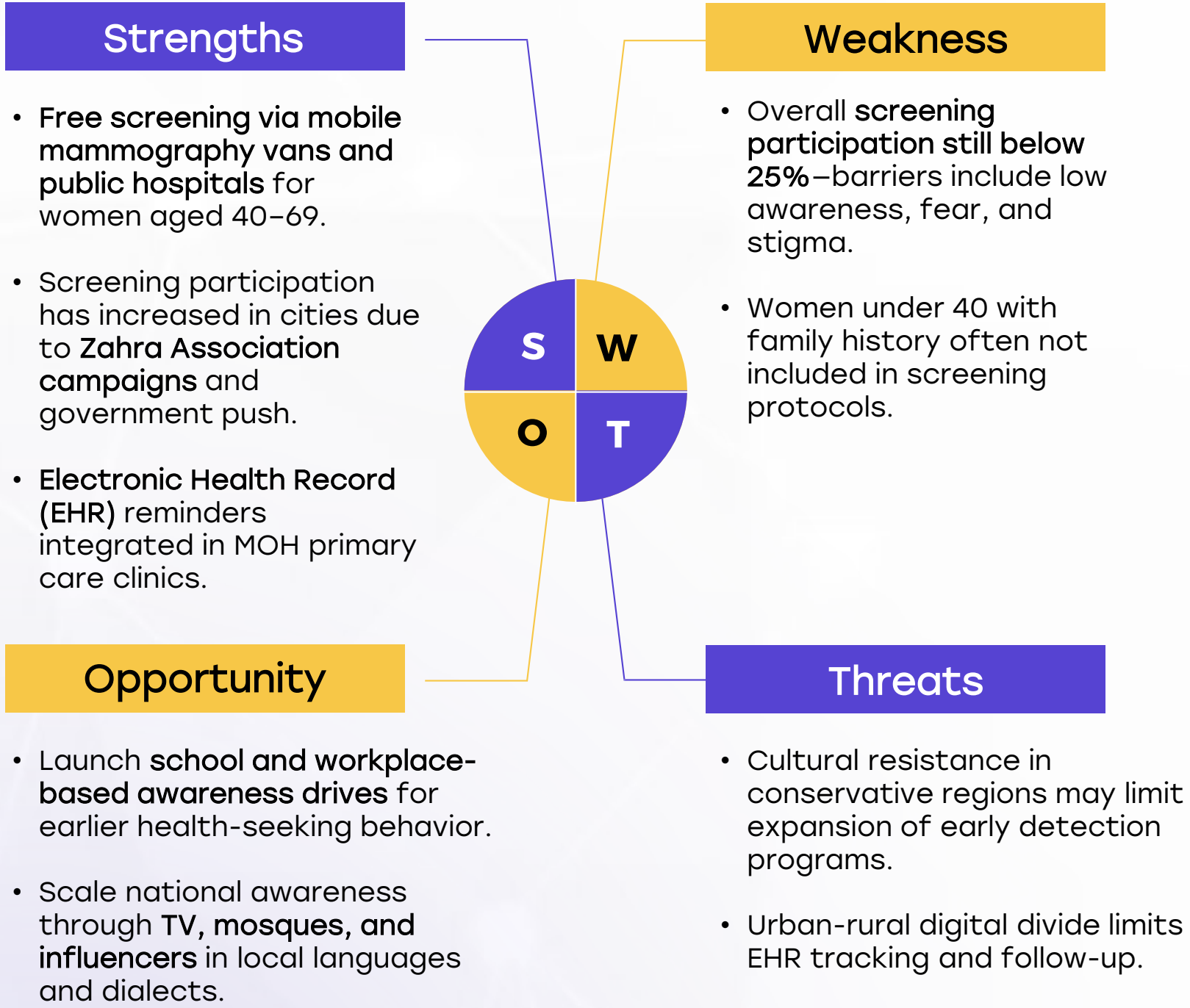
No - No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

Country	Reimbursement	No-cost Access
South Africa	○	✗
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



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)