

Philippines

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.

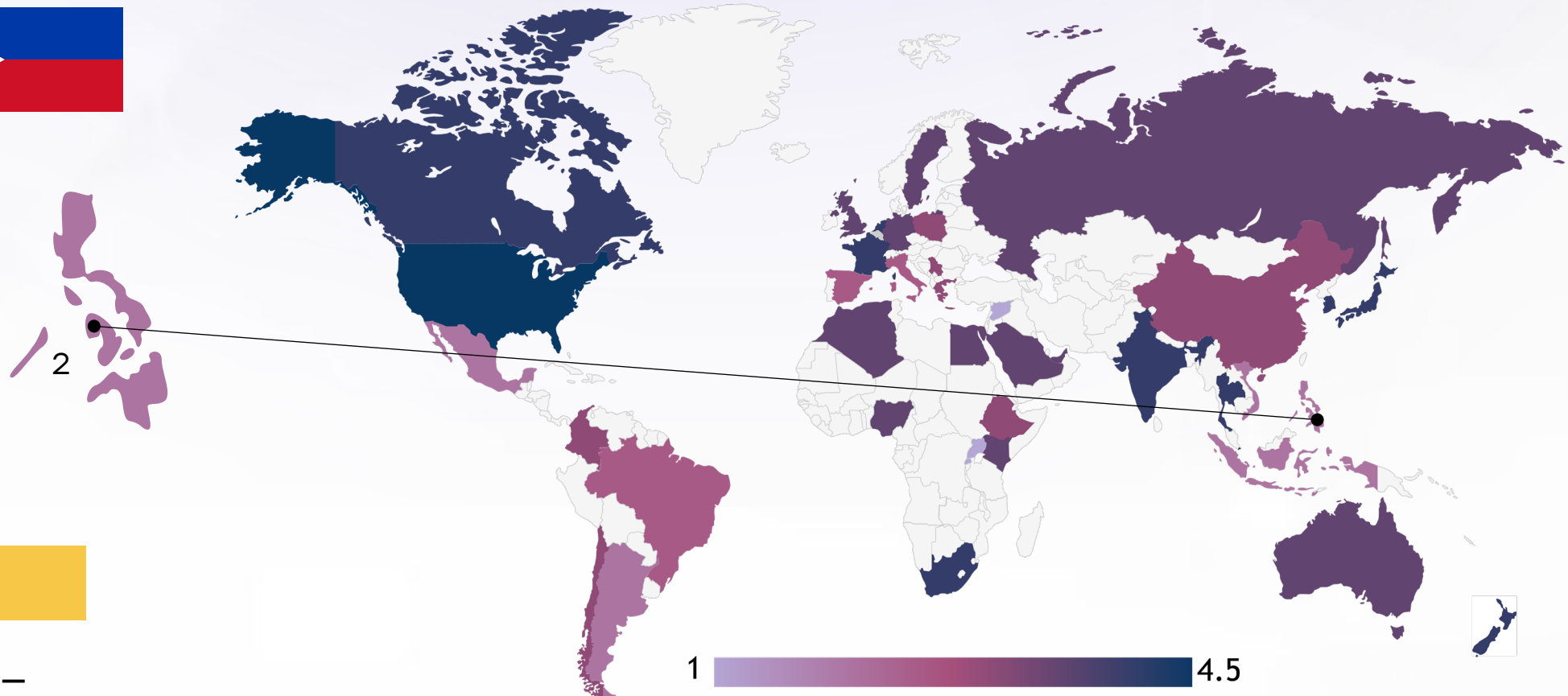
This factsheet provides a comprehensive overview of key pillars shaping breast cancer care, including specialized infrastructure, treatment accessibility, research funding, early detection, and palliative care.

- Breast cancer incidence: ~27,000 new cases annually (most common cancer in Filipino women)
- Incidence rate: 53.9 per 100,000 women per year
- Daily diagnoses (2024 est.): Around 74 women diagnosed each day
- Breast cancer deaths: ~9,900 annually
- 5-year survival rate: ~44.4% overall
 - Early-stage: 80–90%
 - Late-stage (III/IV): Significantly lower
- Most affected age group: 45–64 years
- Screening participation (ages 40+): Only 10–15% undergo regular screening
- Screening availability: Limited; no national program, access centered in major cities
- Biomarker testing: Available in select tertiary centers; expensive and not universally reimbursed

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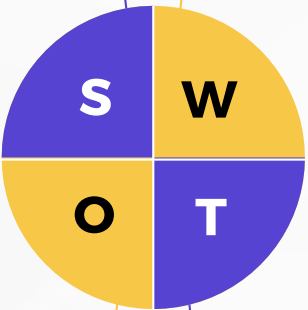


Infrastructure



Strengths

- Major tertiary hospitals and cancer centers in Metro Manila and big cities.
- Government's Philippine Cancer Control Program includes palliative care training and patient navigation in seven DOH hospitals



Weakness

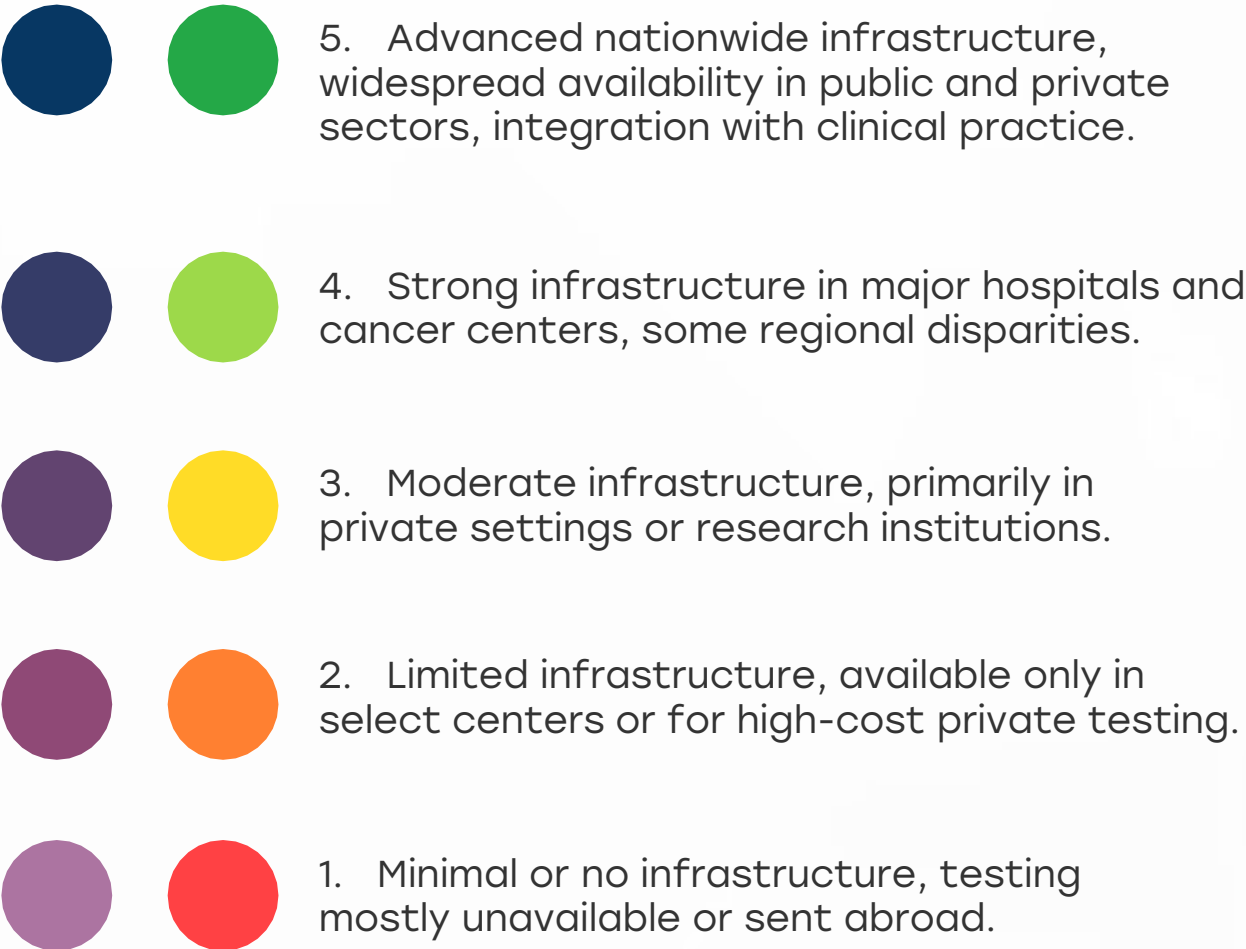
- Uneven access—rural areas often lack oncology equipment and trained staff.
- Over 65% of cases are diagnosed at advanced stages, highlighting diagnostic delays

Opportunity

- Expansion of pilot programs like ACT NOW to provincial areas.
- Increasing investment potential from public-private partnerships in cancer infrastructure.

Threats

- Frequent natural disasters may damage health facilities.
- Slow execution of national cancer control mandates due to funding or logistical hurdles.

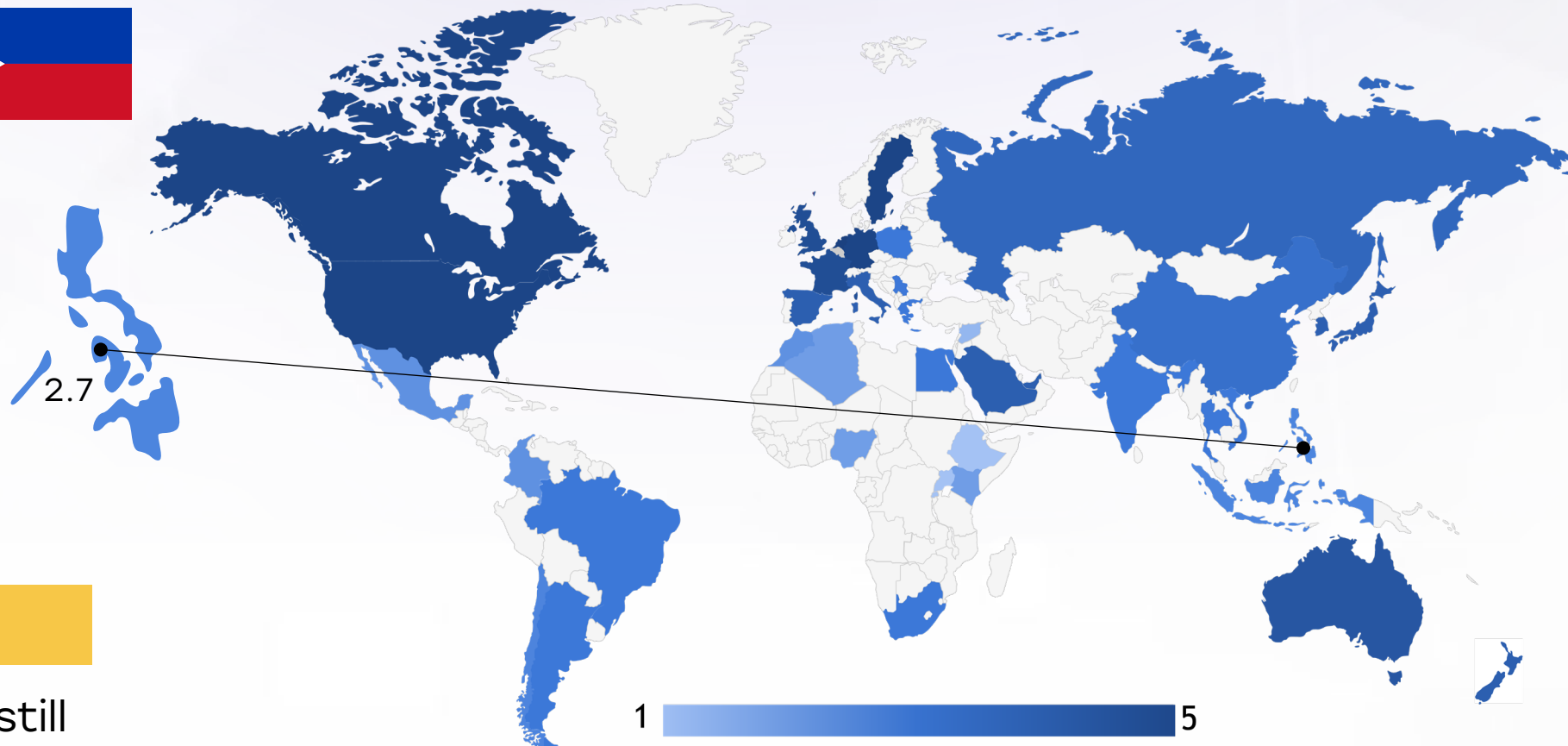


Country	Specialized Centers	Genetic & Molecular Testing Infrastructure
South Africa	<div></div>	<div></div>
Kenya	<div></div>	<div></div>
Nigeria	<div></div>	<div></div>
Egypt	<div></div>	<div></div>
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Russia	<div></div>	<div></div>

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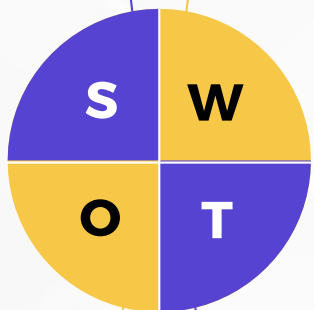


Treatment Access, Research Funding and Awareness Campaigns



Strengths

- Government benefit packages cover chemotherapy, surgery, and select targeted therapies.
- Strong involvement of NGOs and civic groups in conducting annual breast cancer awareness events.



Weakness

- Many patients still face out-of-pocket costs for diagnostics and new medicines.
- Local breast cancer research output is limited, with most studies concentrated in urban centers.

Opportunity

- Expansion of community-led education programs on early detection and self-exams.
- Corporate partnerships can fund localized awareness campaigns and subsidized screenings.

Threats

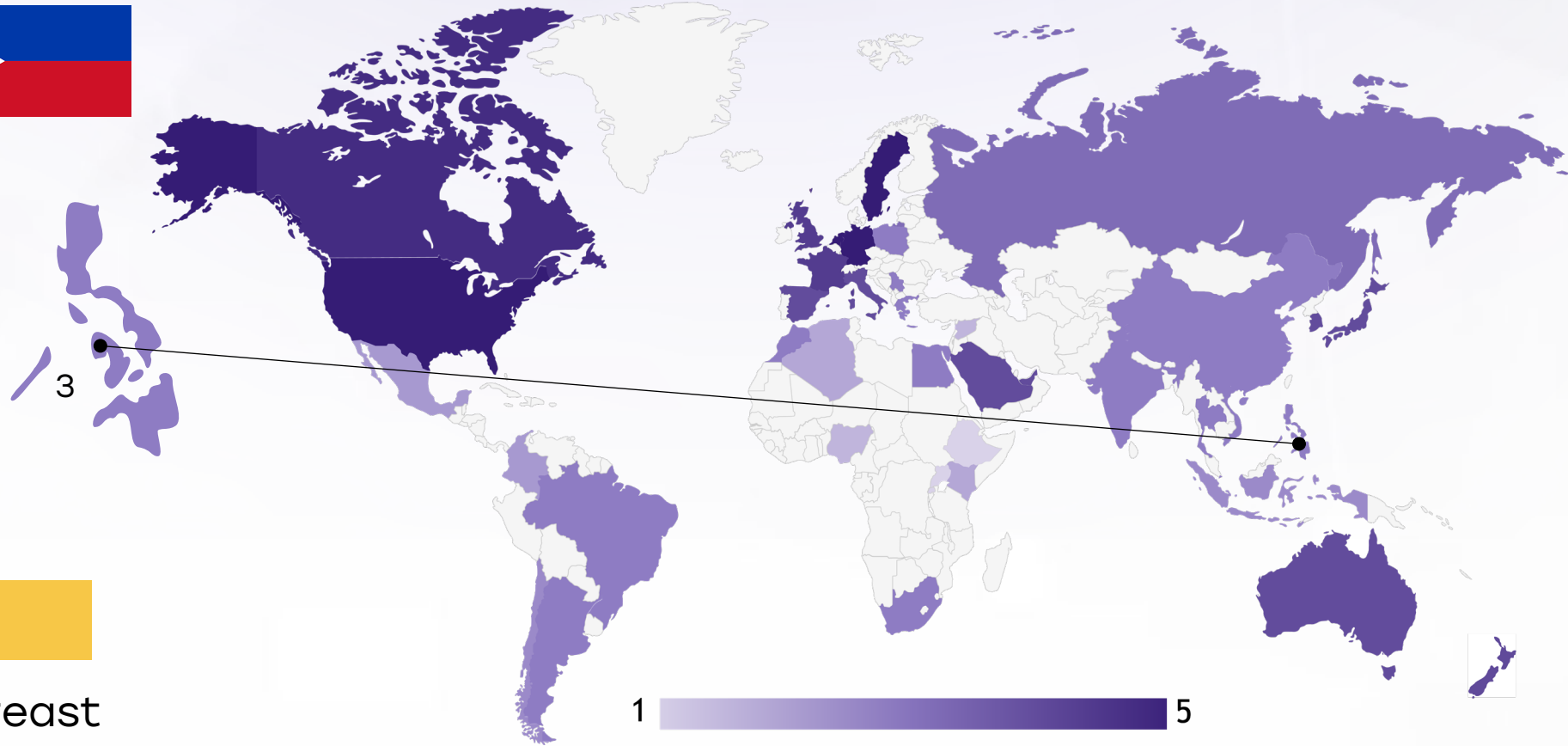
- Competing healthcare priorities (e.g., infectious diseases) may divert resources.
- Cultural stigma and misinformation still deter timely care-seeking.

- 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	●	●	●
Kenya	●	●	●
Nigeria	●	●	●
Egypt	●	●	●
Morocco	●	●	●
Algeria	●	●	●
Ethiopia	●	●	●
India	●	●	●
Japan	●	●	●
South Korea	●	●	●
China	●	●	●
Thailand	●	●	●
Singapore	●	●	●
United Kingdom	●	●	●
Germany	●	●	●
France	●	●	●
Netherlands	●	●	●
Sweden	●	●	●
Italy	●	●	●
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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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Survival Rates, Early Detection and Palliative Care



Strengths

- Survival rates are improving slowly due to expanding access in key regions.
- Inclusion of palliative care services in national strategies is increasing recognition and training.

Weakness

- Over 60% of breast cancer cases are diagnosed at a late stage.
- Palliative care access remains minimal outside large hospitals, with limited morphine availability.

Opportunity

- Training barangay health workers to perform clinical breast exams can boost early detection.
- Integration of ultrasound in community screening could lower diagnostic costs.

Threats

- Fear of diagnosis and fatalistic beliefs may discourage early checkups.
- Infrastructure limitations restrict scaling of home- and community-based palliative support.

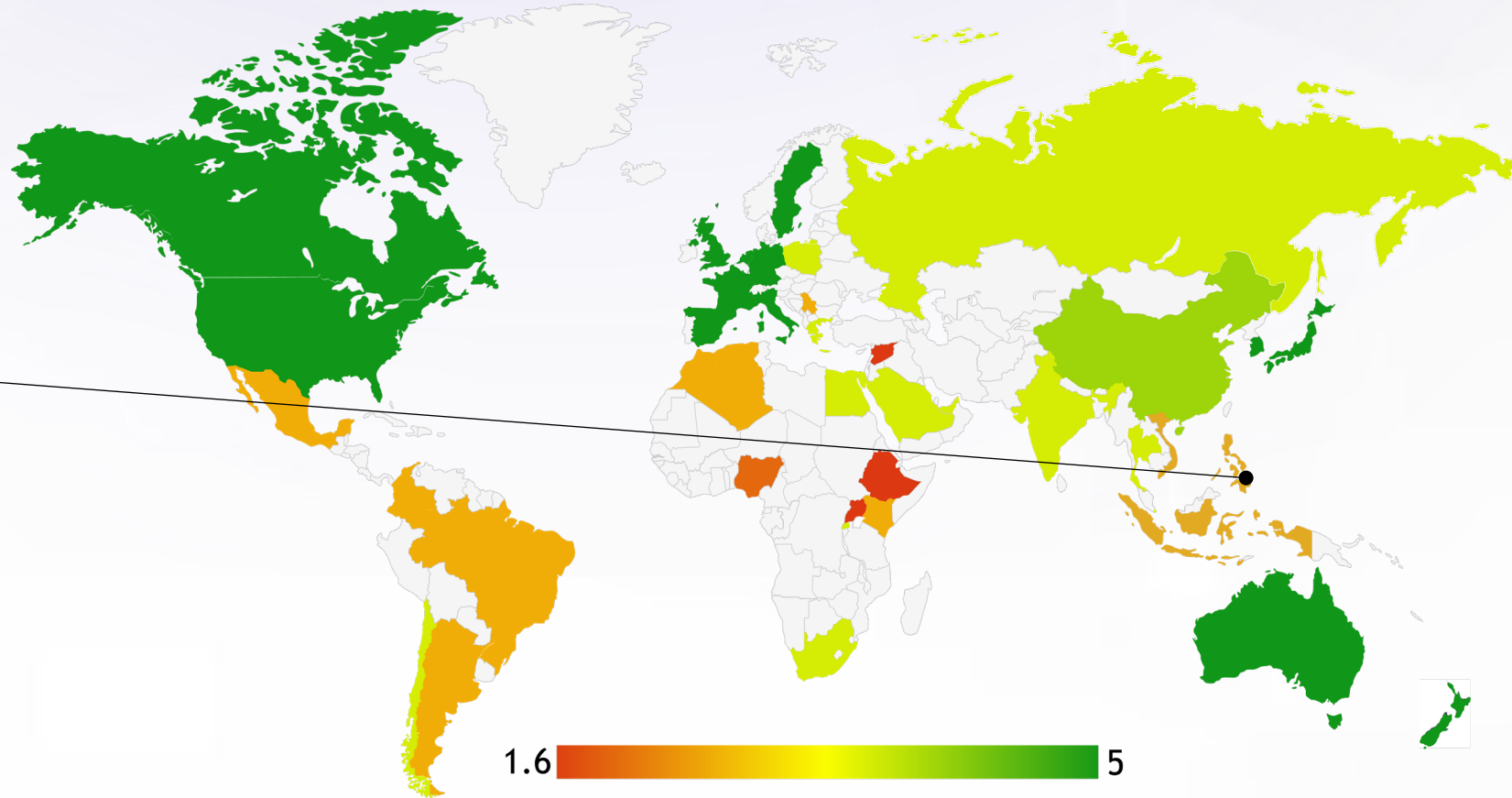


- 5. High survival rates, strong early detection programs, and well-established palliative care services. Patients have access to timely diagnosis, advanced treatments, and comprehensive end-of-life care.
- 4. Good survival rates, effective early detection efforts, and accessible but regionally limited 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	●	●	●
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Greece	●	●	●
Rwanda	●	●	●
Uganda	●	●	●
Serbia	●	●	●
Saudi Arabia	●	●	●
UAE	●	●	●
Syria	●	●	●
Indonesia	●	●	●
Vietnam	●	●	●
Philippines	●	●	●
Russia	●	●	●

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Utilization of Biomarkers



Strengths

- Biomarker tests such as HER2 and ER/PR are available in select tertiary centers.

Weakness

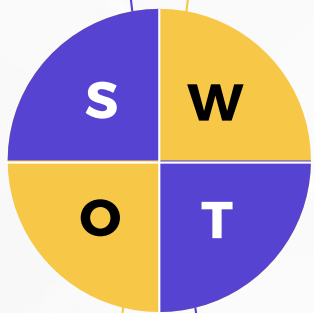
- Tests are expensive and often not covered by insurance or national health packages.
- Low testing rates in public hospitals and rural facilities due to limited lab capacity.

Opportunity

- Subsidizing key biomarker tests through national insurance schemes.
- Capacity building of provincial laboratories to enable decentralized testing.

Threats

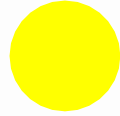
- Delays in sample transport and analysis reduce treatment efficiency.
- Inconsistent quality assurance in smaller labs affects test reliability.



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



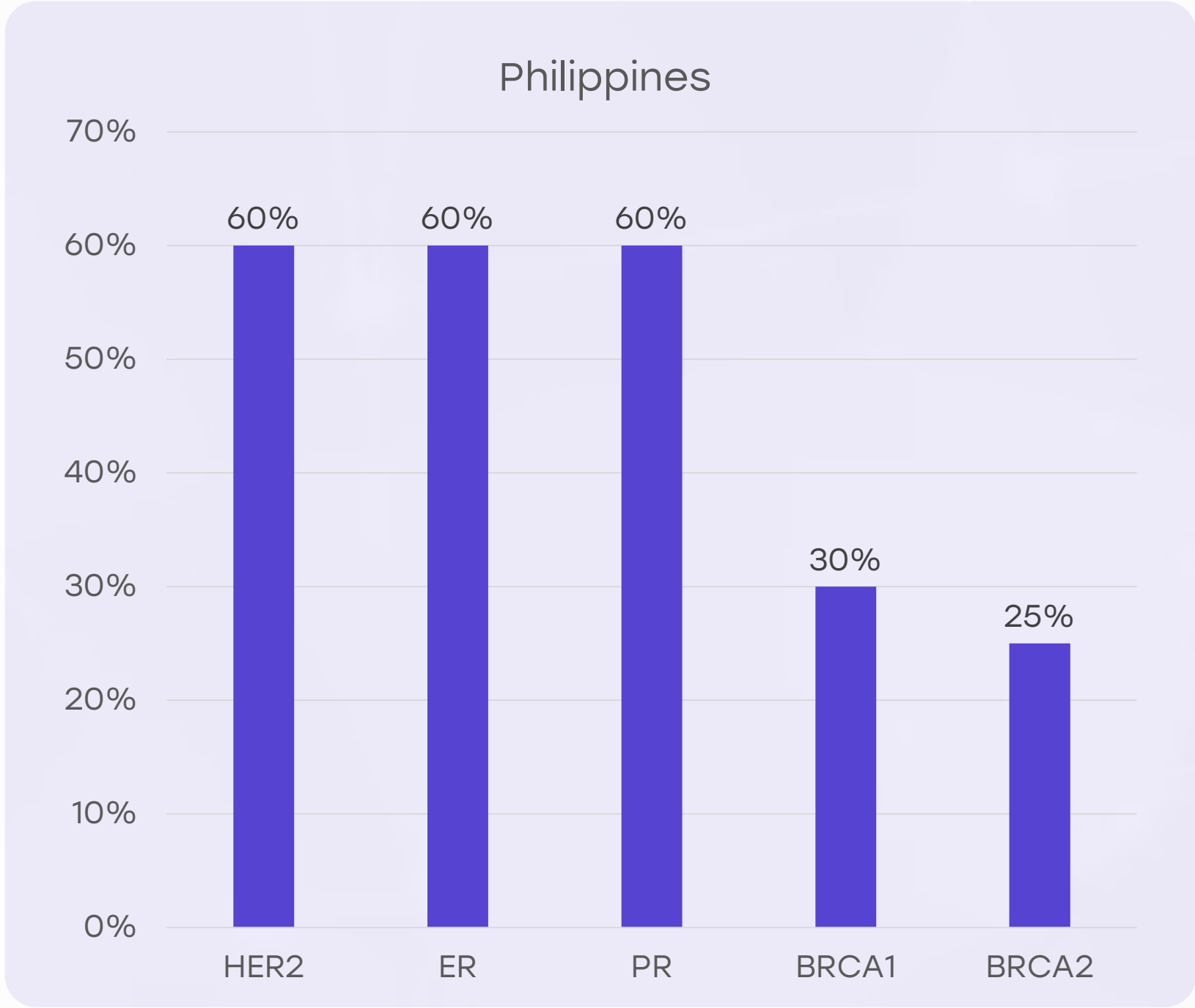
3. 41-60% Moderate utilization, often restricted to major hospitals or private healthcare settings. Some patients may not receive biomarker testing due to cost or limited availability in public healthcare systems.



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.



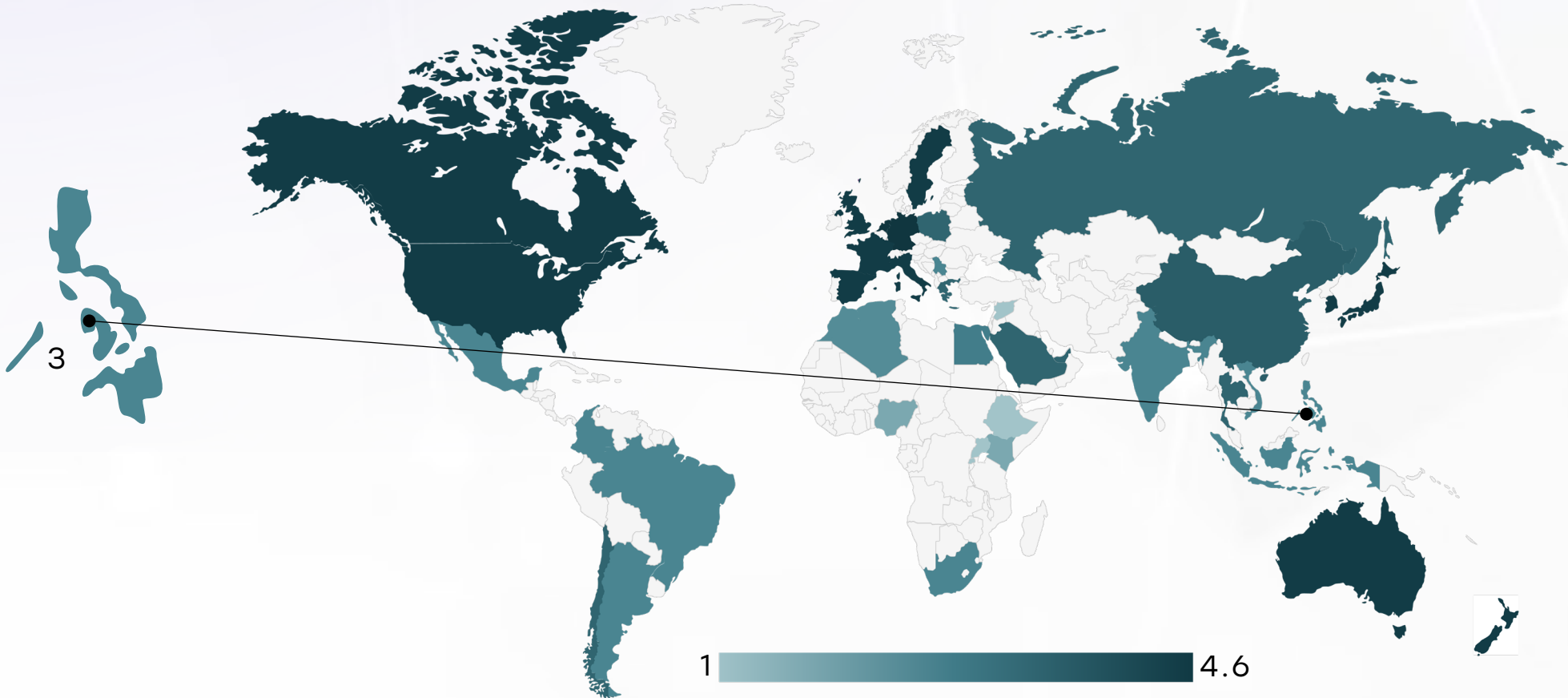
1. <20% Biomarker testing is rarely performed, often due to lack of infrastructure, awareness, or financial barriers. Patients typically do not receive targeted therapies based on biomarker status.



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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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Reimbursement



Strengths

- Z-Benefit packages can provide coverage of up to 1.4 million pesos for comprehensive breast cancer treatment.
- Public hospitals offer zero billing for eligible patients under certain schemes.

Weakness

- Reimbursement is limited to select hospitals, mainly in urban areas.
- Administrative processes are often slow, leading to delays in patient access.

Opportunity

- Expansion of eligible hospitals and streamlining of claims could increase impact.
- Digital claim submission platforms could reduce delays and improve tracking.

Threats

- Changes in political priorities or funding shortages may restrict coverage expansion.
- Complex procedures may discourage both hospitals and patients from utilizing the benefit.



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.

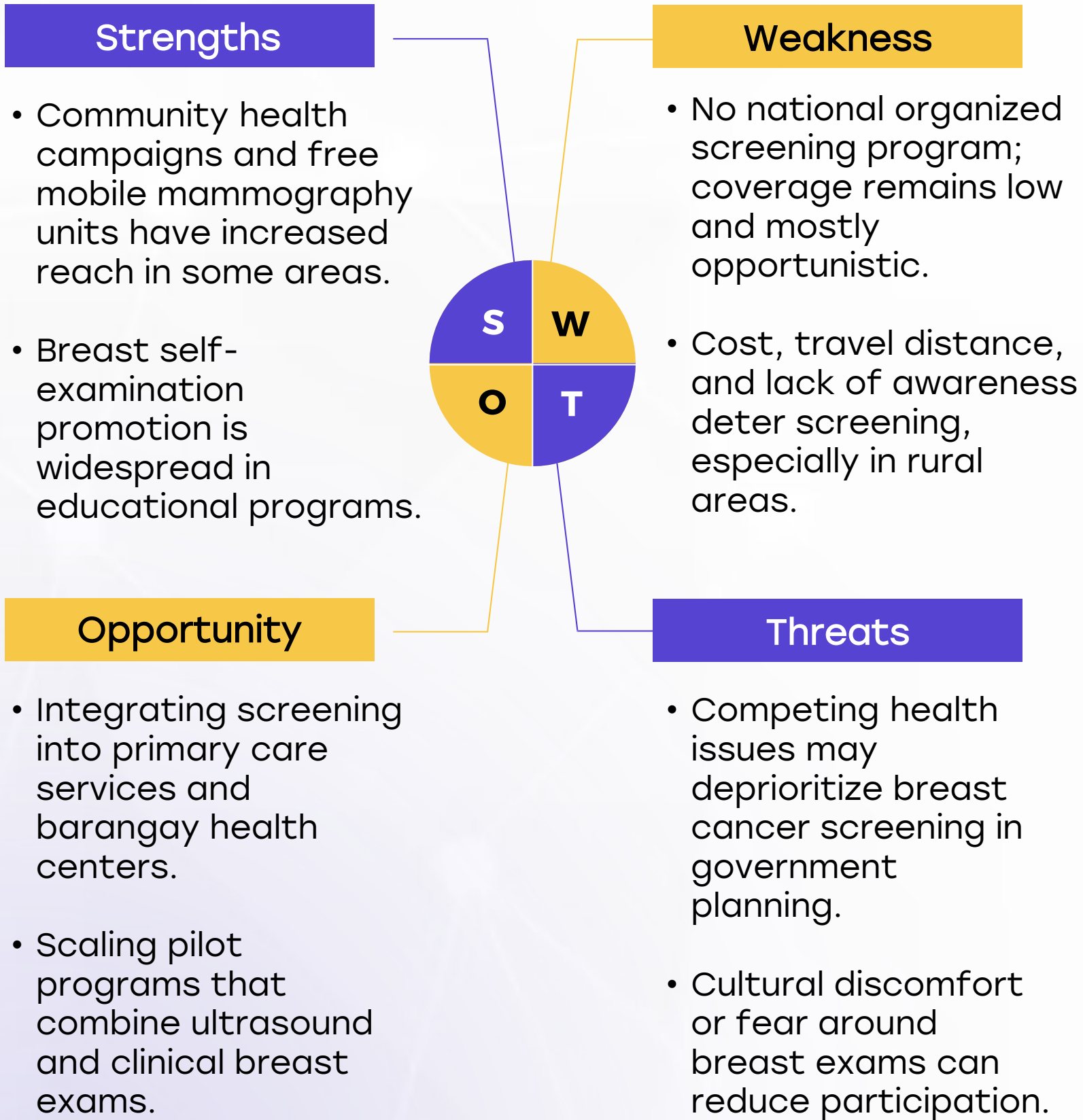


No formal reimbursement system exists, meaning patients must fully cover the cost of biomarker testing out-of-pocket.

Country	Reimbursement	No-cost Access
South Africa		
Kenya		
Nigeria		
Egypt		
Morocco		
Algeria		
Ethiopia		
India		
Japan		
South Korea		
China		
Thailand		
Singapore		
United Kingdom		
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France		
Netherlands		
Sweden		
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Saudi Arabia		
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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)