



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.

- Annual Diagnoses: Approximately 24,000 new cases per year.
- Incidence Rate: 119.1 per 100,000 women.
- Annual Mortality: Around 7,967 deaths per year.
- Mortality Rate: 18.79 per 100,000 population.
- 5-Year Survival Rate: 80.4% for women, 68.67% for men.
- 10-Year Survival Rate: 68.75% for women, 49.5% for men.
- Years of Life Lost (YLLs): Breast cancer contributed to approximately 1.59 million years of life lost.
- Survival Trends: 5-year survival has improved by over 7 percentage points in the last two decades.



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Infrastructure

Strengths

- Network of specialized oncology centers with molecular diagnostics in major cities like Warsaw, Kraków, and Gdańsk.
- The Maria Skłodowska-Curie National Research Institute of Oncology is a national leader in precision medicine and cancer research.

Opportunity

- Expand NGS-equipped laboratories under the National Oncology Strategy (2020-2030).
- Strengthen rural diagnostic capacity through telepathology and regional partnerships.

Weakness

- Significant disparities in access to infrastructure between urban and rural areas.
- Limited availability of molecular testing and diagnostic equipment in regional hospitals.

- Uneven infrastructure could delay nationwide rollout of precision oncology.
- Geographic inequalities risk excluding rural populations from advanced care options.

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



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Treatment Access, Research Funding and Awareness Campaigns

Strengths

- Over 20 Comprehensive Cancer Centers and 50+ oncology units ensure broad treatment access.
- PLN 5 billion committed under the National Oncology Strategy to research, screening, and innovation.

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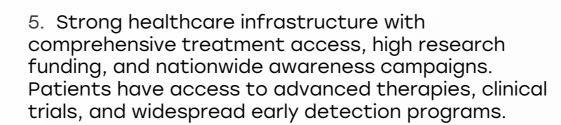
Weakness

- Only 30% of patients have access to precision medicine or clinical trials.
- Rural areas face longer wait times and limited availability of advanced therapies.

Opportunity Threats

- Increase public education and outreach through programs like "Planuję Długie Życie."
- Improve access to clinical trials for HER2-positive patients via decentralized trial models.

- Regional disparities and out-of-pocket costs could undermine equitable treatment access.
- Underfunding of translational research may slow HER2-specific innovation.



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



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Survival Rates, Early Detection and Palliative Care

Strengths

- 5-year breast cancer survival has improved to ~76%, with gains driven by early detection.
- Over 80 palliative care units and 350 hospices provide structured end-oflife care.

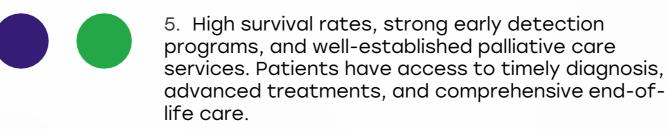
Opportunity

- Expand home-based care models and telehealth palliative services.
- Strengthen awareness campaigns in underserved communities to boost early detection.

Weakness

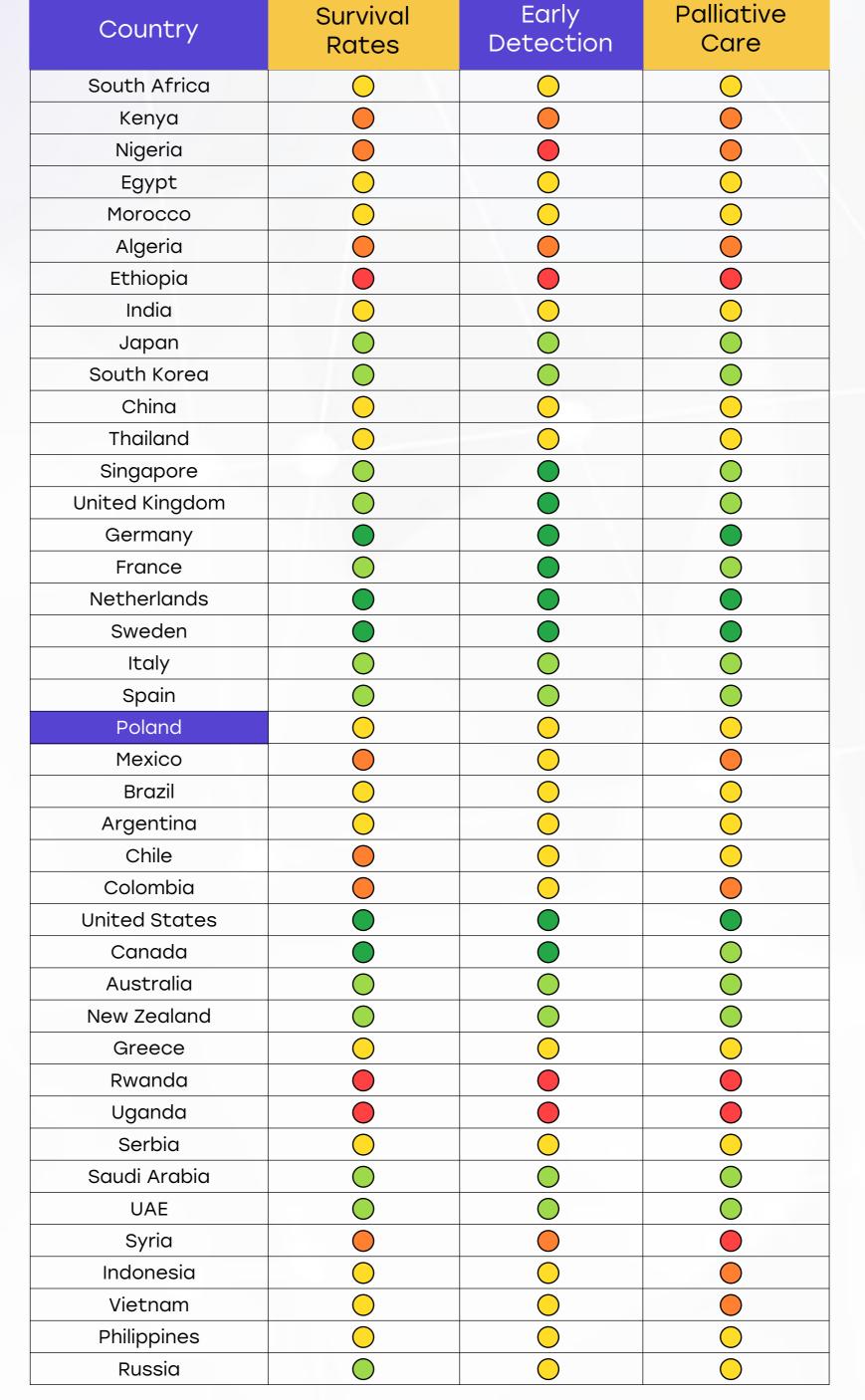
- Screening participation remains below the EU average; only ~50% uptake.
- Rural areas lack timely access to palliative services and diagnostic follow-up.

- Capacity constraints and workforce shortages may limit palliative care scale-up.
- Low awareness in some regions contributes to late-stage presentation and poorer outcomes.



- 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.

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Utilization of Biomarkers

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Strengths

- HER2, ER, and PR testing performed in >85% of breast cancer cases in major centers.
- National efforts underway to expand access to NGS and liquid biopsy platforms.

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Opportunity

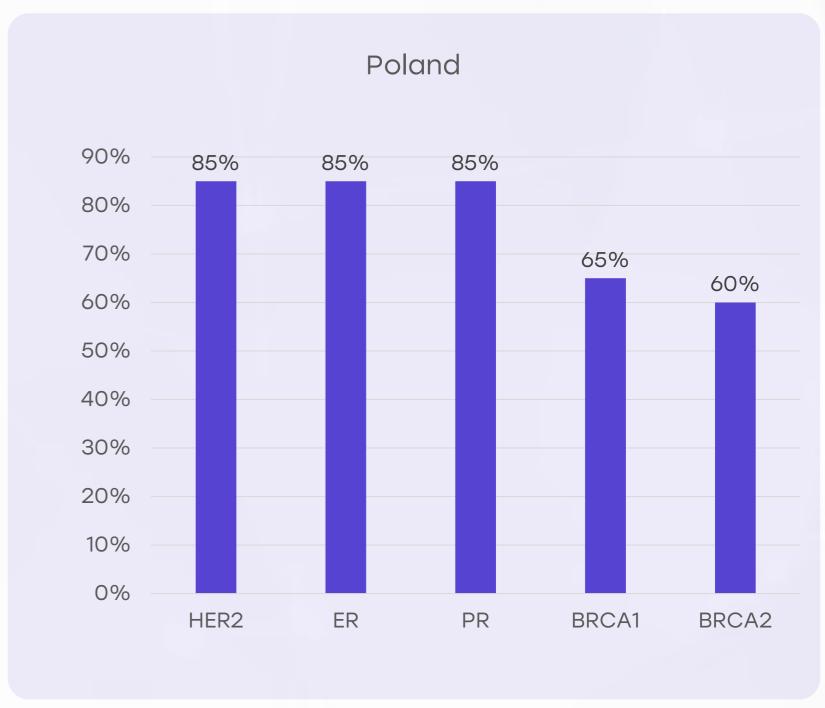
- Scale up reimbursement for BRCA and NGS testing under the 2020-2030 Oncology Strategy.
- Increase standardization and quality control across pathology labs nationwide.

Weakness

- BRCA testing remains limited $(\sim 25-30\%)$ and often restricted to high-risk patients.
- Inconsistent testing availability in smaller hospitals delays treatment planning.

- Delayed results and limited regional access may prevent optimal treatment use.
- Financial and logistical barriers could restrict equitable biomarker integration.

- 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.





Poland Clinical Guidelines

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Strengths

- Guidelines are aligned with ESMO/NCCN and adopted by major cancer centers.
- Participation in ESMO-led initiatives enhances protocol harmonization.

Opportunity

- Use digital tools to disseminate updated guidelines and clinical training.
- Develop simplified protocols for lowerresource hospitals to improve consistency.

Weakness

- Smaller hospitals lack resources to implement updated protocols consistently.
- CME access and implementation support are limited in non-urban regions.

- Budget constraints and regional disparities may lead to outdated practices in some facilities.
- Uneven implementation threatens nationwide alignment with international standards.



	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

- HER2-targeted therapies (e.g., trastuzumab) are reimbursed under public health insurance (NFZ).
- Expanded reimbursement for CDK4/6 inhibitors shows growing policy responsiveness.

Opportunity

- Pilot genomic coverage programs in major centers can be scaled nationally.
- Introduce tiered reimbursement and copayment caps for innovative therapies.

Weakness

- Delayed or partial reimbursement for new drugs (e.g., T-DXd) and diagnostics like BRCA/NGS.
- ~30% of patients rely on private funds for full access to comprehensive treatment.

- Out-of-pocket costs may exceed €2,200 annually, straining lowincome households.
- Regional reimbursement disparities may worsen treatment inequalities.



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





Strengths

- National screening program offers free biennial mammograms for women aged 50-69.
- Mobile units improve outreach in regions like eastern Poland.

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Weakness

- 30% of eligible women have never undergone a mammogram.
- Low participation among high-risk women under 50 due to lack of public coverage.

Opportunity

- Expand inclusion of BRCA carriers and younger high-risk women in public programs.
- Use AI-assisted diagnostics to improve detection and resource efficiency.

- Limited rural infrastructure contributes to under-screening and delayed diagnoses.
- Low engagement in some regions may sustain high rates of advanced-stage detection.

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+
Saudi Arabia UAE	1 1

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)