

Breast Cancer Inequalities in the European Union



ESTONIA

Estonian women between 50 to 68 years are invited to register for a mammogram every two years. The Government of Estonia decided to gradually expand the national screening program to age 74 ¹

TBCT supports the extension of the age range for screening in the EU recommendations. The next European Commission and European Parliament must still do more to **ensure women over 45 have access to screening programs**

TBCT

Transforming Breast
Cancer Together ^{4,5}

Breast cancer mortality

BREAST CANCER IS THE SECOND HIGHEST CAUSE OF CANCER DEATHS IN ESTONIAN WOMEN, AMOUNTING TO 14,3% OF CANCER MORTALITY

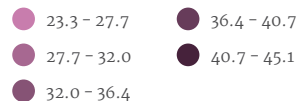
In Estonia, it is estimated that

267 WOMEN DIED FROM BREAST CANCER IN 2022 ²

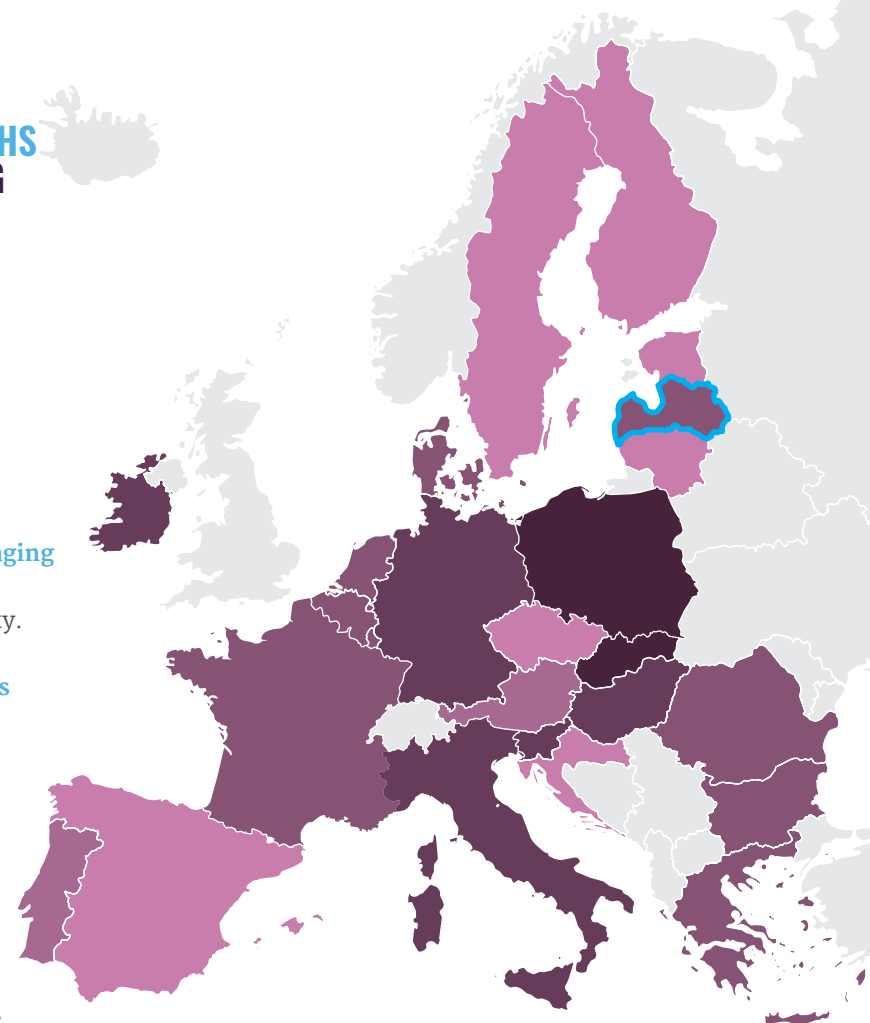
Treating breast cancer at an **early stage gives patients the best chance of managing the disease**, significantly reducing the burden on patients, families, and society. TBCT urges policymakers to **prioritise early detection and ensure equal access to timely and effective screening and treatment** across all Member States

Mortality

per 100,000 women



EU27, Women, Breast Cancer, All Ages, Age-Standardised Rate (European Standard Population) per 100,000 (2022) ³



Did you know?

Participating in screening programs is particularly challenging for women living in rural areas. To tackle this challenge, Estonia deploys **mobile screening units for breast cancer** ^{4,5}

TBCT advocates to **strengthen the Comprehensive Cancer Centres initiative** to ensure holistic patient care across the cancer journey. TBCT urges the **development and deployment of innovative tools and instruments that empower Member States to establish quality-assured cancer centers**. These centres, aligned with the European standard, should **integrate translational research and clinical care** as part of a continuous quality improvement process

The care journey



OF 3,726 NEW CANCERS
DIAGNOSED IN WOMEN (2022)

23%

857 - 23%

3,726 (2022)

ARE BREAST CANCER DETECTED IN BOTH
THE EARLY AND ADVANCED STAGES ⁶

The median 5-year survival rate for all breast cancer patients in Estonia is 81%

The journey to better outcomes for patients begins by ensuring that healthcare providers, policymakers, and the broader medical community have a **clear understanding of the diagnosis, prognosis, and treatment options for breast cancer at every stage**



Estonia's Tartu University Hospital provides specialised breast cancer care through its Breast Cancer Center, offering diagnostics, surgery, and oncological treatment. The Center emphasises a multidisciplinary approach involving oncologists, radiologists, and psychologists with a focus on evidence-based care and clinical research

While staffing Comprehensive Cancer Centres across the EU is crucial, TBCT emphasises that these centres must be equipped with **sufficient, well-trained, and multi-disciplinary teams**. It is particularly important that CCCs adhere to **established quality standards and guidelines** to effectively address the unique needs of breast cancer patients, including those with advanced and metastatic breast cancer

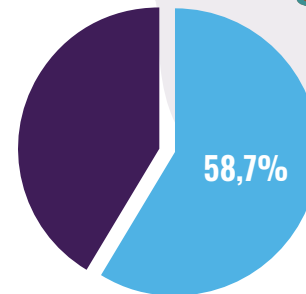
Inequalities in breast cancer screening



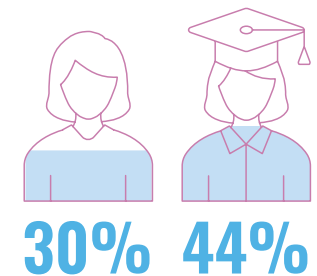
58,7%

OF ELIGIBLE WOMEN IN
ESTONIA HAD A MAMMOGRAM
IN THE PRECEDING TWO
YEARS (DATA FROM 2021) ⁷

Implementing Europe's Beating Cancer Plan initiatives across all Member States is essential, including the European Union Cancer Screening Scheme's goal of providing **screening across all Member States to 90% of eligible EU citizens** by 2025



Estonia showed a **gap in screening coverage**, 44% of higher-educated women are undergoing screenings compared to only 30% of women who did not attend university⁸



To address the significant inequalities in breast cancer screening, implementation of prevention strategies, and testing across the EU, TBCT strongly advocates for **policies that guarantee every patient access to high-quality care, regardless of location or socio-economic background**. It is crucial to implement measures that ensure equitable healthcare access, enabling all women to benefit from **early detection and effective treatment**

Use of biomarker technologies in breast cancer



TWO TYPES OF GENE BIOMARKER TESTING ARE USED IN BREAST CANCER: GENETIC & GENOMIC

GENETIC

Genetic testing allows the identification of specific gene alterations and, therefore, informs patients of their high risk of developing breast cancer or their treatment options

TBCT calls for the launch of a **European Commission initiative** (e.g. a Communication) **on a comprehensive genetic & genomic testing strategy**

GENOMIC

Genomic biomarker testing is performed to determine the type of cancer and guide possible personalised treatments

To ensure that each breast cancer patient receives the right treatment at the right time, it is essential to **improve awareness, healthcare workforce understanding, infrastructure, funding and reimbursement of biomarker testing**. This is particularly critical for those living with metastatic disease



In Estonia, although biomarker testing methods such as IHC and FISH **are available in routine clinical practice**, other genomic testing such as PCR, liquid biopsies and NGS small, **have a medium availability**, limiting patient access to the correct treatment⁹

Access to treatment - rate of availability of oncology treatment



... is the time patients in Estonia **must wait** after the central EU authorisation to access an oncology treatment.¹⁰ **The European Union's average is 526 days**

As of January 2023, **of the 46 drugs approved by the European Medicines Agency, only 7 are fully publicly available** (listed in the reimbursement list)¹¹

TBCT supports cutting red tape to **streamline the approval and adoption of new therapies to ensure equal patient access**

AVAILABILITY OF BIOMARKER TECHNIQUES ACROSS COUNTRIES⁹

		Always	Usually	Occasionally	Research	Never
		IHC*	FISH** Lung_breast_ Gastric	PCR***	NGS**** Small	Liquid Biopsies
Western European Countries	Austria	Always	Usually	Occasionally	Research	Never
	Belgium	Always	Usually	Occasionally	Research	Never
	Cyprus	Always	Usually	Occasionally	Research	Never
	Denmark	Always	Usually	Occasionally	Research	Never
	Finland	Always	Usually	Occasionally	Research	Never
	France	Always	Usually	Occasionally	Research	Never
	Germany	Always	Usually	Occasionally	Research	Never
	Greece	Always	Usually	Occasionally	Research	Never
	Ireland	Always	Usually	Occasionally	Research	Never
	Italy	Always	Usually	Occasionally	Research	Never
	Luxembourg	Always	Usually	Occasionally	Research	Never
	Malta	Always	Usually	Occasionally	Research	Never
	Netherlands	Always	Usually	Occasionally	Research	Never
	Norway	Always	Usually	Occasionally	Research	Never
	Portugal	Always	Usually	Occasionally	Research	Never
Spain	Always	Usually	Occasionally	Research	Never	
Sweden	Always	Usually	Occasionally	Research	Never	
Eastern European Countries	Bulgaria	Always	Usually	Occasionally	Research	Never
	Croatia	Always	Usually	Occasionally	Research	Never
	Czech Republic	Always	Usually	Occasionally	Research	Never
	Estonia	Always	Usually	Occasionally	Research	Never
	Hungary	Always	Usually	Occasionally	Research	Never
	Latvia	Always	Usually	Occasionally	Research	Never
	Lithuania	Always	Usually	Occasionally	Research	Never
	Poland	Always	Usually	Occasionally	Research	Never
	Romania	Always	Usually	Occasionally	Research	Never
Slovakia	Always	Usually	Occasionally	Research	Never	
Slovenia	Always	Usually	Occasionally	Research	Never	

* IHC: Immunohistochemistry

*** PCR: polymerase chain reaction

** FISH: Fluorescence in situ hybridization

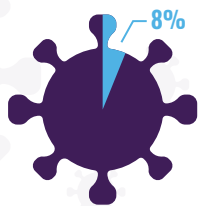
**** NGS: next-generation sequencing

Metastatic Breast Cancer



Metastatic Breast Cancer refers to an advanced stage of breast cancer where the disease spreads to another part of the body

In Estonia, specific treatment for metastatic breast cancer patients is performed in three cancer centres, where all basic treatments (chemotherapy, hormone therapy and targeted therapy) are available



IT IS ESTIMATED THAT IN **8%** OF CASES IN ESTONIA, BREAST CANCER IS ALREADY **METASTATIC AT DIAGNOSIS** ¹²



NO STRUCTURED METASTATIC BREAST CANCER DATA IS AVAILABLE FOR ESTONIA

Why does it matter? Registries are crucial for metastatic breast cancer patients as they provide vital data on treatments, outcomes, and survival rates, enabling a better understanding of the disease and guiding treatment decisions to improve patient care and outcomes

TBCT calls on every Member State to have **harmonised breast cancer data collection, which includes metastatic and advanced breast cancer data as well as relapse**, across the European Union to facilitate research and improve knowledge and care



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WOMEN IN THE EU-27 WILL DEVELOP BREAST CANCER BEFORE THE AGE OF 74 ¹³

Transforming Breast Cancer Together (TBCT) is a unique multi-stakeholder group representing patient and healthcare professional organisations, experts, and industry whose mission is to place the needs of those living with breast cancer at the heart of European policymaking. Together we can improve outcomes for breast cancer patients, survivors, and their families

Breast cancer **has an impact** on everyone

www.tbct.eu

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Transforming Breast Cancer Together

References:

- ¹ OECD - Beating Cancer Inequalities in the EU (2024) - p.175 / ² European Cancer Information System (2022) / ³ European Commission, Breast Cancer in the EU (2023) - factsheet / ⁴ OECD - Beating Cancer Inequalities in the EU (2024) - p.169 / ⁵ OEC- EU Country Cancer Profile: Estonia 2023 - p.10 / ⁶ European Cancer Information System / ⁷ Preventive cancer screenings - programme data (Eurostat) / ⁸ OECD - Beating Cancer Inequalities in the EU (2024) - p.36 / ⁹ ESMO study on the availability and accessibility of biomolecular technologies in oncology in Europe (2023) - p.938 / ¹⁰ EFPIA WAIT Patient Indicator p.20 & p.22 / ¹¹ National registers authorised medicines / ¹² Estonian Cancer Society & Europa Donna / ¹³ Data from Europa Donna