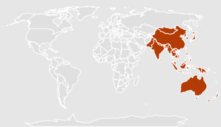


Women's cancers in Asia-Pacific

Total women (2024): 2 billion
Life expectancy (2023): ≈77 years
Women's cancer cases (2022): 1.7 million
Women's cancer deaths (2022): 673,089
Sources: World Bank, IARC

Disease burden

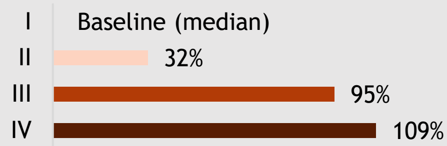
Breast cancer	Most common cancer among women in the region, accounting for 21% and 31% of new cases in Asia and Oceania, respectively, and 14-17% of cancer deaths. Five-year survival nears 90% in many high-income countries, including Australia, but is around or below 70% in parts of Asia such as India and Malaysia.
Cervical cancer	Second most common cancer among women in Asia, representing 8% of cases and 9% of deaths. In Oceania, it accounts for less than 3% of cases and 4% of deaths. Five-year survival exceeds 70% in high-income Asian countries but remains below 60% across much of South and Southeast Asia.
Ovarian cancer	Although it accounts for only 3-4% of new female cancer cases, it causes 5% of cancer deaths among women. Five-year survival is below 50% in most high-income countries, including Japan and Australia; in Thailand, it is between 30–39%.
Endometrial cancer	It accounts for 4-5% of new cases and 2-3% of cancer deaths among women. While robust data for Asia-Pacific are lacking, evidence from the United States indicates that survival rates have declined since the 1970s.

Economic burden

Direct costs

Early detection, timely diagnosis, and effective treatment reduce costs. For example, a pooled global estimate (including studies from Vietnam and China) show that breast cancer treatment costs are ~109% higher in stage IV than in stage I.

Global breast cancer treatment costs relative to stage I



Indirect costs

There is limited region-specific, comparable economic data, but available evidence shows substantial indirect costs from lost productivity. In high-income countries, indirect costs compose 32% to 70% of the total economic burden of women's cancers.

The case for investing in women's cancers

High returns

- In LMIC settings, a comprehensive cervical cancer elimination program (vaccination + screening + treatment) yields up to US$3.20 in economic gains for every US$1 invested by 2050. In Vietnam, every $1 invested in vaccination, screening, and treatment yields $5-$11 in economic returns and $8-$20 in social returns.
- Scaling HPV vaccination and screening to WHO targets delivers per-capita savings of US$96.6 in China, US$65.6 in South Korea, and US$11.9 in the Philippines.

Workforce and productivity impact

- In Southeast Asia, where women are diagnosed with cancer at younger ages due to a relatively young population structure, investments in prevention and treatment reduce premature deaths and disability during the most productive years of life.
- This means more women remain active in the workforce, driving economic growth, while lowering social protection costs and avoiding the high expenses of late-stage care.

Strategic value of early investment

- Prevention through HPV vaccination requires decades before benefits fully emerge in terms of cancer reduction, but immediate benefits include preventing genital warts and precancerous lesions.
- Screening and early treatment lead to significant short- and medium-term cost savings, avoiding costly late-stage interventions.

Evidence gap

- Investment cases overwhelmingly focus on breast and cervical cancer, while endometrial and ovarian cancer are under-studied.
- In Asia-Pacific, this underinvestment risks perpetuating disparities and missed opportunities for cost-effective interventions.

Recommendations

Foundational enablers for women's cancer policy include universal health coverage, gender equity, a well-trained workforce, and robust data systems. These cross-cutting elements exhibit critical gaps in many countries in Asia-Pacific – especially in LMIC settings – and are essential for effective, equitable cancer care. Building on these foundations, Asian-Pacific countries should:

- **Advocate for women's cancers as a health priority**
- **Strengthen and streamline cancer care delivery & workforce capacity**
- **Focus on prevention and early detection efforts**
- **Leverage innovation across the women's cancer care continuum**

Prevention challenges

- **Low HPV vaccination rates**: Australia exceeds 80% HPV vaccination coverage, but most of the region remains well below the 90% WHO target; Thailand and the Philippines are still under 40%. Several countries, India, China, and Vietnam have yet to implement national HPV programs, while initiatives such as Indonesia's National Cervical Cancer Elimination Plan are rapidly improving coverage.
- **Difficult to monitor and evaluate progress**: A lack of national HPV vaccination data makes it difficult to monitor and evaluate vaccination programs and take targeted actions.
- **Lack of genetic testing**: In most countries, genetic testing is not covered by public/private insurance. There is also a shortage of genetic counselors in countries, limiting access.
- **Rising overweight/obesity rates**: Although rates are lower than in other regions, overweight and obesity - key risk factors for breast, ovarian, and uterine cancers - among women are rising.

Success story: **Australia** is on track to become the first country in the world to eliminate cervical cancer as a public health issue. In November 2023, the government launched the National Strategy for the Elimination of Cervical Cancer, supported by an AU$ 48.2 million investments over four years to expand access to HPV vaccination, cervical screening, and follow-up care.

Opportunities

- Gender-neutral HPV vaccination and catch-up programs
- School- & pharmacy-based HPV vaccination
- Population-based genetic testing
- New prevention strategies for gynecologic cancers

Detection and screening challenges

- **Lack of organized population-based screening programs for breast and cervical cancer**: Most countries still rely on opportunistic screening (women must actively seek it themselves).
- **Weak referral pathways**: Primary-care overload and limited provider training slow movement from symptom/screen detection to timely diagnosis and treatment.
- **Geographic and financial barriers**: In India, >5 hours travel to care is not uncommon and delays or deters early detection; in rural Australia, mobile units return every two years, missing a visit can mean 4 years without screening.
- **Disconnect between awareness and preventive screening**: Awareness or willingness often does not translate into action. In China, 84% report willingness for regular cervical screening, yet ~40% have never been screened.
- **Low screening participation**: Breast cancer screening participation uptake varies widely, 60-70% in South Korea, <40% in Taiwan, and only 4-6% in Thailand. For cervical screening, in parts of the region ~68% of women aged 30-49 had never been screened (2019), far below WHO targets.

Opportunities

- Mobile screening
- HPV self-sampling
- Patient navigation
- Integration of maternal health programs with screening programs
- Leverage trusted voices

Diagnosis challenges

- **Low availability of gynecologists**: In some countries, such as Australia and South Korea, availability of gynecologists remains low, with fewer than 10 and 13 per 100,000, respectively, limiting timely diagnosis.
- **Limited access to biomarker testing**: In a study of high-income countries, post-diagnosis genetic testing for ovarian cancer patients averaged 51% but was as low as 5% in Japan. Infrastructure and uptake gaps hinder access to newer, targeted therapies. The situation is more critical in LMICs.
- **Treatment start before full diagnosis**: In some LMICs, full HR/HER2 testing is not routinely done on breast biopsies and often has to be specially requested. Patients referred from district hospitals may arrive without receptor status, risking suboptimal sequencing.

Opportunities

- Task-shifting in diagnostics by AI
- Scaling diagnosis with telemedicine and telepathology
- New molecular classifications
- AI prediction of biomarker status

Treatment challenges

- **Fragmented care**: This leads to delays, higher costs, poor coordination, worse patient experience, and poorer cancer survival in many LMICs, in contrast with more integrated models in South Korea, Japan, and Singapore.
- **Oncologist shortages and high caseloads**: In India and the Philippines, some oncologists manage >1,000 new cases/year, driving waits and limiting specialist access.
- **Low use of multidisciplinary teams (MDTs)**: In a study, only 30% of respondents in China, Malaysia, the Philippines, and Thailand reported MDT participation as mandatory in breast cancer care.
- **High copayments/out-of-pocket costs**: Copays for medicines and services remain burdensome even in some high-income countries (e.g., South Korea has no caps).
- **Limited access to new medicines**: Faster coverage in high-income countries and China, but slow or minimal reimbursement elsewhere, restricts access to novel treatments.
- **Few oncofertility options**: Fertility preservation services in the region focus on general infertility rather than cancer, resulting in low uptake of oncofertility options.

Opportunities

- Minimally invasive surgeries
- More efficient use of radiation therapy
- New cancer medicines
- Link accessibility of medicines to clinical benefit
- Patient-centered rehabilitation pathways
- Gender-sensitive care