

METASTATIC BREAST CANCER | GLOBAL DISPARITIES

The global burden of metastatic breast cancer (MBC) continues to increase, largely because of the growing and aging world population, alongside an increase in cancer-causing behaviors in economically developing countries.ⁱ As the world becomes more interconnected virtually, disparities that were once obscured by distance, culture or language have now become more apparent and pertinent to address.

GLOBAL EPIDEMIOLOGY



In 2020, breast cancer surpassed lung cancer as the most commonly-diagnosed cancer in the world,ⁱⁱ and the metastatic form of the disease was estimated to be responsible for a majority of the **685,000 deaths**.ⁱⁱⁱ

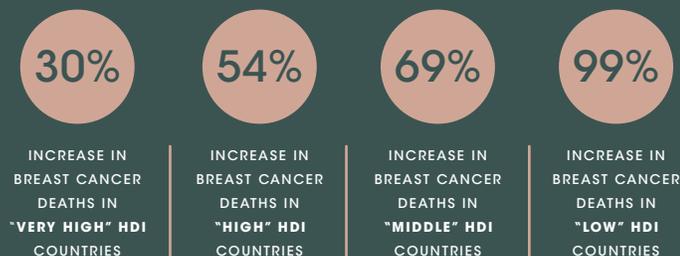
Breast cancer incidence rates are highest in Australia/New Zealand, Northern and Western Europe (e.g., UK, Sweden, Finland and Denmark), Southern Europe (Italy) and North America.^{iv}

Approximately **170,000 women** in the U.S. are estimated to be living with MBC.^v

GLOBAL DISPARITIES

ECONOMIC

- It is estimated that between 2020 and 2040, there will be a **47% increase in breast cancer deaths** around the world.ⁱⁱⁱ
 - However, when divided into the United Nations' Human Development Index (HDI) - the summary measure assessing the development of a country inclusive of economic, life expectancy and education - there will be a:



- Currently, **62% of metastatic breast cancer (MBC) deaths** occur in low-to-middle income countries.^{vi}
- Women living with breast cancer in the developing world are more likely to present at the metastatic stage due to structural barriers to care, including:^{vi}



ABSENCE OF TREATMENT OPTIONS



LACK OF SCREENING OPTIONS



INADEQUATE INFORMATION BEING DISSEMINATED

While there are treatments available to delay progression or worsening of the cancer and prolong survival, the disparities in the treatment and care of MBC in the U.S. and globally must be addressed to give patients the best chance of fighting this disease. That's why we're committed to ensuring our clinical research programs are designed to recognize and seek to understand any differential in efficacy or safety within diverse populations, guided by evolving scientific understanding.

EUROPE

- MBC disparities in Europe are largely based on economic status, with the more wealthy countries in the North and West having better access and better mortality rates than countries in the South and in the East.^{vi}
- Treatment availability for MBC varies in the EU depending on whether the country has a high purchasing power parity (PPP) - a common benchmark for economic productivity and standards of living.
- For commonly used treatments for MBC, in high PPP countries, medicines on average were "always" available nearly 77% of the time as opposed to 43% of the time in low PPP countries.^{viii}
- Five-year survival rates are the highest in Northern and Western Europe and the lowest in Eastern Europe, often a result of varying levels of healthcare expenditure in these nations.^{viii}

ASIA

- In China, screening capabilities are slow to expand into rural areas, making it harder and harder to detect breast cancer accurately in these regions.^{ix}
- In India, the largest disparity is economic. Those with higher economic status are able to afford screening and treatment whereas many with poor economic status cannot, resulting in over half of women being diagnosed in Stage 3 or the metastatic stage.^{ix}

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