



# Israel

Population: 9.5 million <sup>(2022)</sup>  
 GDP per capita: USD 54,391 <sup>(2022)</sup>  
 Life expectancy: 83 years <sup>(2021)</sup>  
 Total health expenditure: 7.9% of GDP <sup>(2021)</sup>  
 Source: World Bank




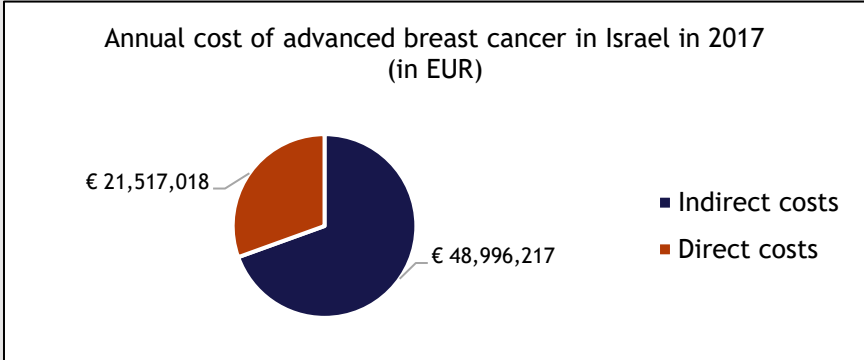
## Breast cancer

- Breast cancer represents the most prevalent form of cancer among women in Israel, accounting for **31%** of all new cancer diagnoses and **20%** of all cancer-related deaths in women.
- In 2022, 57% of breast cancer cases in Israel were diagnosed in women below the age of 65.

6 out of 10 women diagnosed with breast cancer in Israel are under 65 years.



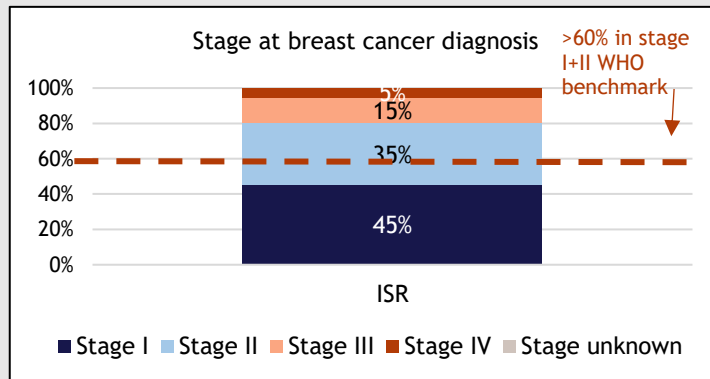
## Health system and governance of breast care

Description	Main recommendations						
<ul style="list-style-type: none"> <li>All citizens and permanent residents have been covered by the National Health Insurance (NHI) since 1995. They have to choose from four non-profit health plans (HMOs): Clalit, Maccabi, Meuhedet, and Leumit.</li> <li>Many citizens opt for paying additional voluntary health insurance to enhance the coverage of benefits not included in the NHI basket. In 2020, <b>20%</b> of the population had only NHI, <b>40%</b> of the population had non-profit insurance in addition to NHI, <b>37%</b> of the population had double insurance coverage (including for-profit and non-profit insurances), and <b>3%</b> had only for-profit insurances. Local experts mentioned that private insurances play a role in:           <ul style="list-style-type: none"> <li>❖ facilitating access to cutting edge molecular and genetic tests.</li> <li>❖ influence the decision-making process regarding the choice of surgical facilities.</li> <li>❖ coverage for specific medicines as some novel medicines may not yet be included in the Health Basket, but they could already be covered by private insurance.</li> </ul> </li> <li><b>Breast cancer patients who are covered by the four health plans are entitled to free cancer care services in the public health care systems, which includes screening, surgeries, genetic tests, medicines, and other benefits.</b> Women can access public breast cancer centers directly or with a referral, receiving comprehensive services at specialized centers.</li> <li>At present, there is no existing or recent national cancer plan. While the Country Cooperation Strategy (CCS) for Israel and the WHO for 2019-2025 addresses cancer as a comprehensive disease category, it does not outline specific objectives for breast cancer. However, <b>there is a national breast cancer screening program with high participation rates. Local experts concur that most breast cancer cases are diagnosed through this program.</b></li> <li>Although most breast cancer cases are diagnosed at earlier stages, some women are still diagnosed at advanced stages. <b>A study estimated the annual costs of advanced breast cancer to be EUR 70.5 million, which translates to EUR 1.6 million per 100,000 women.</b> The study revealed that nearly <b>70%</b> of the total costs stem from indirect costs associated with <b>high mortality rates in advanced breast cancer.</b> Patients who die prematurely from the disease are unable to contribute to society in various ways, including economically, socially, and culturally. This not only represents a significant loss on a personal level but also contributes to a considerable financial strain on the economy.</li> </ul>	<ul style="list-style-type: none"> <li> Consider establishing a national cancer plan.</li> <li> Emphasize and strengthen the participation of patient organizations in the decision-making processes.</li> <li> Continue prioritizing downstaging of breast cancer at diagnosis to reduce the economic burden of breast cancer.</li> </ul>						
<p>Annual cost of advanced breast cancer in Israel in 2017 (in EUR)</p>  <table border="1"> <thead> <tr> <th>Cost Type</th> <th>Amount (EUR)</th> </tr> </thead> <tbody> <tr> <td>Indirect costs</td> <td>€ 48,996,217</td> </tr> <tr> <td>Direct costs</td> <td>€ 21,517,018</td> </tr> </tbody> </table>	Cost Type	Amount (EUR)	Indirect costs	€ 48,996,217	Direct costs	€ 21,517,018	
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## Early detection

### Main challenges

- Israel's adult population displays a high level of health literacy, with around **70%** having sufficient knowledge. This may enhance the understanding of the importance of early breast cancer detection and screening among Israeli women. As can be seen in the graph below **80%** of breast cancer diagnosis are made in stage I and II.



- Screening rates, however, vary across ethnic groups, with Arab-minority women having lower mammography rates compared to Jewish women. The screening rate for Arab women is around **65%** whereas the one for Jewish women is **78%**. Language barriers in health communication might partly explain the differences.
- Social stigma, particularly among the Druze, and religiosity among Jewish women, impact breast cancer detection.
  - ❖ Ultra-orthodox Jewish women show notably lower screening rates than non-ultra-orthodox Jewish women (**51%** vs. **78-81%**).
- There is a crucial need for training primary care workers to recognize uncommon signs of breast cancer, especially in **young and post-partum women**, to avoid diagnostic delays.
- A **lack of breast surgeons** presents an additional challenge to early detection, as family physicians lack the authorization to directly recommend mammograms. Although this problem has prompted the initiation of a pilot program within HMOs to address this by training health care professionals.

#### Free BRCA Testing and Counseling for High-Risk Women

Eligible women in Israel, including those with a family history of BRCA mutations or of Ashkenazi origin, as well as patients with certain cancers, have access to free genetic counseling and BRCA testing since 2020.

- Strict eligibility criteria for BRCA testing often result in confusion among women regarding their eligibility for the test. Additionally, there is a reported deficiency in genetic knowledge among health care professionals, leading to low referral rates for genetic testing.
- BRCA mutation carriers often encounter **inadequate emotional and psychological support** post-diagnosis.

### Main recommendations



Launching health promotion campaigns in Arabic and engage Arab community leaders to ensure cultural and linguistic relevance for the Arab-minority group.



Enable family physicians to recommend mammograms directly and increase training programs in breast surgery.



Work with religious leaders to promote screening within ultra-orthodox communities, emphasizing the importance from health and religious perspectives.



Develop medical facilities in Israel's northern and southern regions to provide dedicated BRCA screening and reduce waiting times.



Implement comprehensive emotional and psychological support systems, including peer-support groups and workshops.

## Diagnostic services

### Main challenges

- Israel has lower rates of mammography machines and MRI units per capita compared to countries with similar GDP per capita, indicating potential for improvement.
- A significant **shortage of certified radiologists**, exacerbated by attractive overseas opportunities and radiologists approaching retirements, affects the timely accessibility of breast imaging services.
- A set goal for the imaging diagnostic process is completion within five weeks; however, in 2019, only **60%** of women achieved this target.
- In 2019, only **67%** of women completed their biopsy testing within the targeted 7 weeks of mammography screening, **missing the 90% goal**. A noted **shortage of pathologists** contributes to diagnostic delays.
- Significant concerns arise from biopsies conducted in private laboratories lacking strict quality controls, leading to incorrect treatments due to inconsistent pathology results.

### Main recommendations



Equip community health care centers with advanced mammography and diagnostic tools and provide specialized training to community health care workers.



Increase radiology and pathology residency slots.

- There is generally good access to biomarker testing, as most tests are covered by public reimbursement, with only a few exceptions for new biomarker tests. Some patients may opt to undergo new biomarker tests in the private sector at the expense of out-of-pocket payments if not included in their private insurances policies.

Test	Access to biomarker testing in the public sector
Essential biomarkers (ER, PR, HER2, Ki-67)	Available for all
Gene expression profiles (Oncotype DX, Mamma Print, etc.)	Limited public reimbursement
Newer biomarkers (PIK3CA, BRCA1/2, PD-L1, NTRK, dMMR/MSI-H, TMB-H)	BRCA1/2, NTRK and TMB-H have limited public reimbursement while the rest are publicly available



Ensure timely pathological assessments to meet established timeframes.



Strengthen quality control in private pathology through stringent quality assurance measures, certification requirements, and regular audits.



Continue improving access to novel biomarker testing.

## Treatment

### Main challenges

#### Ensuring Comprehensive Breast Cancer Care

Israel's "Health Basket" covers a wide range of health care services, ensuring alignment with international clinical guidelines from ASCO, ESMO, and NCCN for best practices. In general, patients in the public sector have broad access to treatments, with additional medicines joining the 2024 Health Basket.

Breast cancer treatment in Israel is subject to specific time frames, with surgeries required within 30 days of decision-making, though adherence varies. Multidisciplinary team meetings for patients with complex treatment paths are mandated, especially for certain breast cancer types, ensuring comprehensive decision-making.

- Local experts highlighted a **shortage of breast surgeons** and noted coordination issues between hospitals and community health care, leading to information gaps.
- The shift in responsibility for covering mental health services from the government to HMOs has resulted in a **shortage of mental health professionals and services for breast cancer patients**. This is compounded by long wait times and a lack of patient awareness regarding their right to **8 to 12 psychological counseling sessions** covered by their HMO. NGOs such as "One in Nine" have stepped in to assist breast cancer patients in obtaining emotional support.
- Israel has advanced radiation therapy facilities and professionals. However, challenges include **lower radiation therapy equipment availability compared to other OECD countries**, posing risks of longer wait times for cancer patients.
- Additional treatment challenges include:
  - ❖ the ambiguity in managing long-term care for breast cancer survivors,
  - ❖ disruptions in medicine supply due to HMO bureaucracy,
  - ❖ risk of treatment discontinuation (with 23% of patients stopping adjuvant hormone therapy like tamoxifen over five years),
  - ❖ lack of medication continuity in metastatic care.

### Main recommendations



Establish navigation services in health care facilities to increase awareness of patients' rights.



Explore allocating government funds and incentives to boost the number of mental health professionals focusing on oncology in the public sector.



Explore introducing automated medicine refill systems with online reminders and refill requests to improve medication continuity.



Streamline medicine procurement and distribution procedures with health care providers and HMOs, reducing bureaucratic delays.