



CLOSING THE GAP

Advancing Equitable Access & Innovation in HER2-Positive Breast Cancer Care in Mexico

EXECUTIVE SUMMARY

HER2-Positive Breast Cancer accounts for approximately 23% of breast cancer cases in Mexico. It is one of the most aggressive subtypes—but also one of the most treatable, if timely access to diagnostics and targeted therapies is ensured. Mexico has made key progress: HER2 testing is routine in tertiary centers, trastuzumab and pertuzumab are included in public formularies, and national breast cancer guidelines exist.

However, these advances do not consistently reach all patients. Rural regions face critical delays in pathology, coverage remains fragmented, clinical protocols are outdated, and palliative services are underdeveloped. Only about half of eligible HER2-positive patients receive the full course of recommended therapy.

This brief outlines the systemic barriers affecting HER2-positive breast cancer care and proposes strategic, evidence-based policy actions to improve equity, outcomes, and survival.

CURRENT FRAMEWORK: FOUNDATIONS WITHOUT FULL REACH

Mexico has established key pillars for HER2-positive breast cancer care: testing is routine in major hospitals, trastuzumab and pertuzumab are publicly covered, free mammograms are available, and NOM-041 sets national clinical standards. Yet major gaps remain. Only 21% of women are screened annually, BRCA testing isn't reimbursed, and just half of HER2-positive patients receive full treatment. NOM-041 hasn't been updated since 2011, and palliative services remain uneven—especially outside urban areas.

Bridging the gap between policy and practice is now essential.

INTRODUCTION

Over the past two decades, Mexico has laid foundational policies to improve breast cancer care — expanding access to diagnostics and integrating trastuzumab into public coverage. These reforms reflect the country's recognition of breast cancer as a public health priority.

Yet HER2-positive patients continue to fall through systemic cracks. The official guideline NOM-041 has not been updated in over a decade. Screening rates remain below 25%. Access to biomarker-driven therapy is inconsistent. And only a fraction of women diagnosed with late-stage disease receive structured palliative care.

As Mexico continues to consolidate IMSS-Bienestar and strengthen universal health coverage, this is a key moment to align scientific progress with real-world access. HER2-positive breast cancer represents a high-impact opportunity to demonstrate policy leadership in cancer care. Mexico is currently classified as **Level 2 – Emerging** in the Cancer Care Maturity Framework — indicating that while policy foundations exist, implementation remains fragmented & uneven across the health system.



HER2-POSITIVE BREAST CANCER

Key Pillars, Barriers, and Policy Solutions

Pillar	Fact	Barrier	Policy Action to Take
Biomarker Testing	HER2, ER, and PR testing is performed in most major hospitals. HER2-positive tumors make up ~23% of breast cancers in Mexico.	Yes, HER2 testing is routine in urban centers—but many rural patients face delays or no access at all, & BRCA testing remains largely unaffordable due to lack of public reimbursement.	<ul style="list-style-type: none"> • Reimburse HER2 and BRCA testing across all public systems • Establish regional diagnostic hubs to reduce delays and standardize testing access
Treatment Access	Trastuzumab and pertuzumab are included in public formularies, and available in major hospitals.	Yes, therapies are technically covered — but only ~50% of eligible HER2-positive patients actually receive them, due to supply shortages, geographic disparities, & fragmented insurance coverage.	<ul style="list-style-type: none"> • Guarantee universal reimbursement for HER2 therapies under IMSS -Bienestar • Improve procurement and distribution to prevent stockouts • Monitor treatment access by region
Screening and Early Detection	Only 21.2% of women aged 50–69 received a mammogram in 2022, despite free biennial screening offered nationwide.	Yes, screening policies exist—but most screenings are opportunistic, & participation is especially low in rural & indigenous communities. Late-stage diagnoses remain common.	<ul style="list-style-type: none"> • Expand mobile mammography and culturally adapted outreach • Transition to organized, invitation-based screening with proper follow-up systems • Strengthen referral pathways and data systems for follow-up
Clinical Guidelines	Mexico's national guideline (NOM-041-SSA2) governs breast cancer care and mandates screening, treatment, & palliative care pathways.	Yes, Mexico has formal breast cancer protocols—but NOM-041 hasn't been updated since 2011, and implementation varies widely across institutions.	<ul style="list-style-type: none"> • Revise NOM-041 to include HER2-low classification and current international standards • Align with ESMO/ASCO updates and mandate regular reviews • Provide training for implementation across all public hospitals
Palliative and Survivorship Care	Less than 15% of terminal patients receive structured palliative care; access to opioids varies 10-fold between wealthier and poorer states.	Yes, morphine regulations have improved—but coverage is still fragmented, late-stage patients are underserved, and survivorship care is rarely personalized.	<ul style="list-style-type: none"> • Expand home-based and rural palliative care coverage • Include HER2-specific survivorship planning in national cancer care pathways • Ensure equitable opioid availability across all regions

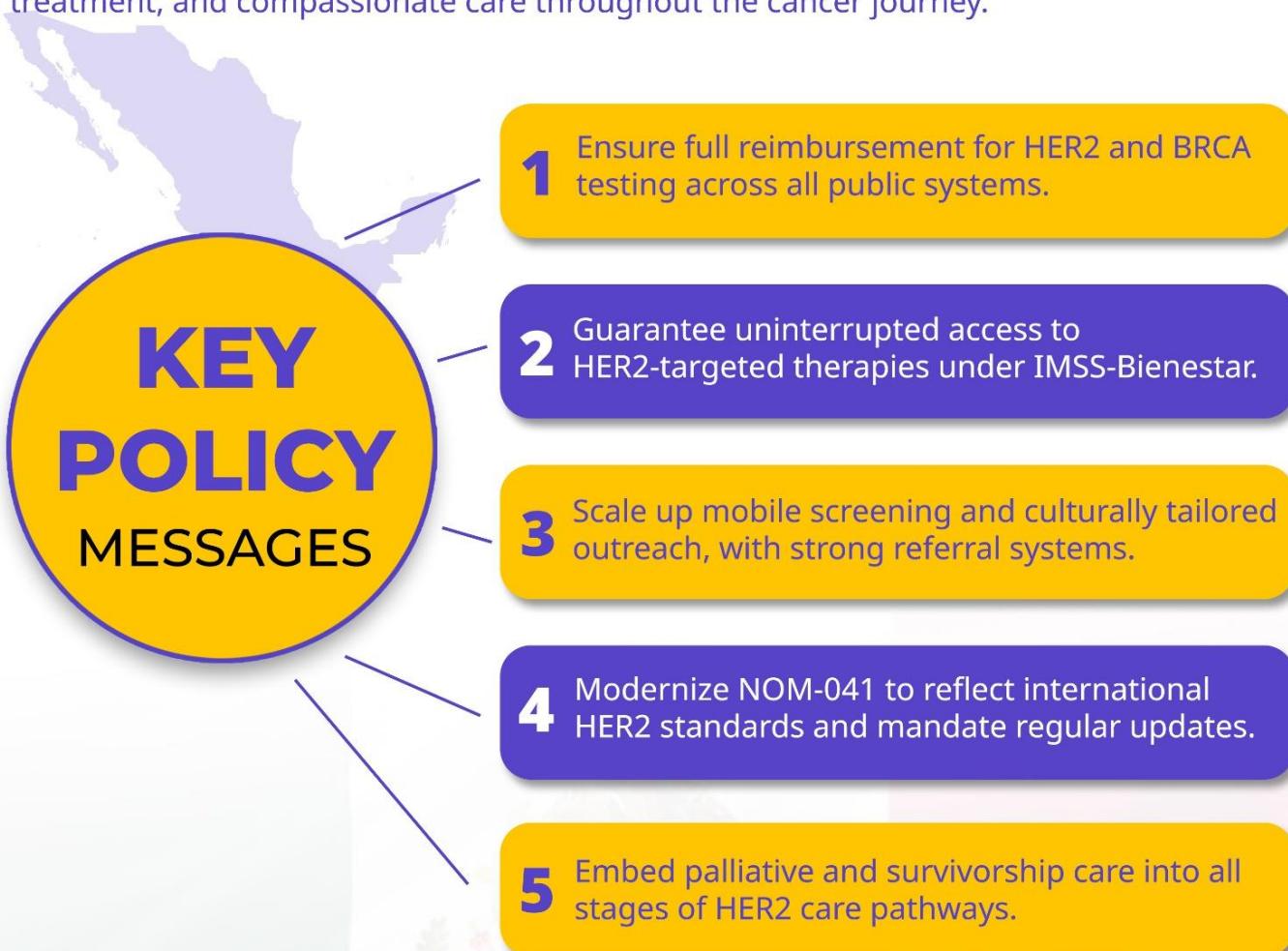


CONCLUSION & Call to Action

Mexico has made meaningful strides in breast cancer care—but the full promise of these advances has yet to reach every patient. HER2-positive breast cancer is both aggressive and highly treatable, making it a critical test case for equity and innovation in cancer policy.

- *The tools are available.*
- *Science is clear.*
- *The next step is implementation.*

To close the persistent gap between policy and practice, Mexico must take bold, system-wide action—prioritizing not only innovation but inclusion. Every woman, regardless of geography or socioeconomic status, deserves timely diagnosis, targeted treatment, and compassionate care throughout the cancer journey.



This is a decisive moment. With political will and coordinated action, Mexico can transform HER2-positive breast cancer from a fragmented challenge into a model of equitable, high-quality care. *The opportunity is here—and lives are waiting.*