



ADVANCING HER2-POSITIVE BREAST CANCER CARE IN VIETNAM

Bridging Infrastructure with Consistent Access and Equity

EXECUTIVE SUMMARY

Vietnam has taken important steps to improve cancer care through public investment, expanded hospital networks, and national health insurance coverage. HER2 testing is available in urban cancer centers, and trastuzumab is included in the national reimbursement list. Yet, gaps remain in testing quality, access to newer HER2-targeted therapies (like T-DM1 and T-DXd), and screening participation—especially in rural provinces.

As a country at **Maturity Level 3 – Intermediate**, Vietnam has foundational capacity but must invest in equitable HER2 care implementation, standardized biomarker protocols, and HER2-outcome monitoring to move toward personalized breast cancer care for all.

CURRENT SITUATION

Vietnam operates a **social health insurance model** that covers a portion of breast cancer treatment, including HER2 testing and trastuzumab. However, **T-DM1 and trastuzumab deruxtecan (T-DXd)** are not routinely reimbursed and are often unaffordable for patients paying out of pocket. HER2 testing is performed in major hospitals but lacks national quality control protocols, leading to variability in results.

Mammography screening is limited, and there is no nationwide organized program. Awareness of HER2 subtypes is low among both patients and general practitioners. Survival data is improving, but HER2-stratified outcomes are not collected. As a **developing/intermediate system**, Vietnam has the structure to deliver HER2 care but requires focused reforms to improve consistency, affordability, and rural outreach.

INTRODUCTION

Breast cancer is the most common cancer among Vietnamese women, with an estimated **23,000 new cases annually and 15–20% considered HER2-positive**. In recent years, the Ministry of Health has expanded oncology services and reimbursement coverage for essential cancer drugs, including **trastuzumab**. HER2 testing is available in tertiary hospitals such as the **National Cancer Hospital (K Hospital)** in Hanoi and **Ho Chi Minh Oncology Hospital**. However, access remains unequal outside of large cities, and HER2-low classification has yet to be widely adopted.

Most patients present with late-stage disease, and out-of-pocket costs remain high for diagnostics and newer targeted therapies. With breast cancer mortality still high in low-income and rural populations, the next step for Vietnam is to harmonize testing, ensure therapy access, and scale early detection strategies nationwide.



HER2 BREAST CANCER IN VIETNAM

Key Issues and Policy Recommendations

Pillar	Fact	Barrier	Policy Recommendations
Infrastructure	HER2 testing is available in large tertiary centers...	...but quality control and rural access are limited.	Establish national HER2 testing standards and expand testing capacity in regional cancer hospitals.
Access to Treatment	Trastuzumab is reimbursed by national insurance...	...but T-DM1 and T-DXd are rarely accessible and often unaffordable.	Add newer HER2 therapies to the national drug list and implement cost-sharing or subsidy programs.
Research & Innovation	Vietnam participates in some international trials...	...but HER2-specific data is sparse and HER2-low research is lacking.	Launch HER2-positive and HER2-low observational studies through the National Cancer Hospital and regional centers.
Awareness & Education	Breast cancer awareness is growing, with public campaigns...	...but HER2 subtypes are not included in most materials or CME trainings.	Integrate HER2 education into awareness drives and national CME modules for frontline providers.
Survival Rates	Breast cancer survival is improving in urban areas...	...but rural patients face late diagnoses and HER2-specific survival is not tracked.	Include HER2 status in national cancer registries and monitor subtype-based treatment outcomes.
Early Detection & Palliative Care	Opportunistic screening is available in urban hospitals...	...but organized screening and palliative care remain limited in rural areas.	Develop mobile screening programs and train rural health workers in symptom recognition and early referral.
Biomarker	HER2 testing is offered in major institutions...	...but there is inconsistency in test interpretation and no protocol for HER2-low.	Standardize HER2 testing procedures and implement national lab quality assurance (QA) initiatives.
Clinical Guidelines	Vietnam aligns with NCCN/ESMO guidelines in tertiary centers...	...but HER2-low and re-testing at recurrence are not widely implemented.	Revise national guidelines to include HER2-low classification and mandatory re-testing upon relapse.
Reimbursement	National insurance partially covers trastuzumab...	...but reimbursement caps and co-pays create financial burdens.	Increase reimbursement limits and develop assistance programs for patients needing later-line HER2 therapies.
Screening	Breast cancer screening is offered in select hospitals...	...but there is no national population-based screening strategy.	Launch a phased national breast cancer screening program, starting with high-risk districts and urban-rural hubs.

CONCLUSION

Vietnam has taken commendable steps in expanding breast cancer care infrastructure and introducing HER2 diagnostics and treatment. However, the country remains in a **developing maturity stage**, with disparities in testing access, therapy affordability, and HER2-specific implementation. With strong political commitment and an expanding oncology workforce, Vietnam is well-positioned to lead regional progress if it focuses on implementation consistency, early detection, and HER2-specific guideline adoption.

KEY POLICY MESSAGES

- 1 HER2 testing is available in major cities but lacks nationwide standardization and rural access.
- 2 Trastuzumab is reimbursed, but advanced HER2 therapies are unaffordable for most patients.
- 3 HER2-low classification, re-testing, and outcome monitoring are not yet systematized.
- 4 Screening and early detection remain limited to urban hospitals, excluding rural populations.

CALL TO ACTION

- **Update national clinical guidelines** to incorporate HER2-low classification and HER2 re-testing at disease progression.
- **Expand national drug access programs** to include later-line HER2 therapies such as T-DM1 and T-DXd.
- **Launch national HER2 testing quality standards** and integrate HER2 into pathology QA programs.
- **Develop regional screening pilots** and scale early detection services with community health worker engagement.
- **Establish HER2-disaggregated data systems** through partnerships with the National Cancer Institute and regional hospitals.